

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Maine Republican Party

ADDRESS (number and street)

76 Silver Street

☐Check if different  
than previously  
reported. (ACC)

Waterville

ME

04901

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003111

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Philip Roy, Jr.

Signature of Treasurer

Electronically Filed by Philip Roy, Jr.

Date

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Maine Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		42037.49
(b) Cash on Hand at Beginning of Reporting Period .....	225607.67	
(c) Total Receipts (from Line 19) .....	417281.91	1186815.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	642889.58	1228853.24
7. Total Disbursements (from Line 31) .....	460071.94	1054258.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	182817.64	174595.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	12014.30	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Maine Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	32117.00	155112.62
(i) Itemized (use Schedule A) .....	0.00	137661.07
(ii) Unitemized .....	32117.00	292773.69
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	352000.00	730500.00
(b) Political Party Committees .....	33164.91	163294.15
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	417281.91	1186567.84
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	247.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	417281.91	1186815.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	417281.91	1186815.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	5017.33	70010.04
(ii) Non-Federal Share.....	8919.72	124462.24
(b) Other Federal Operating Expenditures.....	431134.89	844785.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	445071.94	1039258.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	15000.00	15000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	460071.94	1054258.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	451152.22	929796.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	417281.91	1186567.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	417281.91	1186567.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	436152.22	914796.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	436152.22	914796.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Russell Adams

Mailing Address 30 Pudding Lane

City

York

State

ME

Zip Code

03909-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portsmouth Naval Shipyard

Occupation  
Insulator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C86224

Amount of Each Receipt this Period

10.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Thatcher Adams

Mailing Address 26 Columbia Street

City

Bangor

State

ME

Zip Code

04401-6317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 81202.C86305

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Juanita Axelsen

Mailing Address 55 E Commonwealth Drive

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C86294

Amount of Each Receipt this Period

5.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Walter Beesley

Mailing Address 57 Cottage Pl.

City

Westbrook

State

ME

Zip Code

04092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86204

Amount of Each Receipt this Period

25.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Paul Bickford

Mailing Address 23 Schooner Drive

City

Rockland

State

ME

Zip Code

04841-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86256

Amount of Each Receipt this Period

45.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Peter & Susan Bouchard

Mailing Address 1050 Highland Ave.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Real Estate Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81202.C86279

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

William A. Buckley

Mailing Address 120 Linden Street

City

Bangor

State

ME

Zip Code

04401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 81202.C86304

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Carol Ann Cagle

Mailing Address P.O. Box 145  
11 Parker Farm Road

City

Buxton

State

ME

Zip Code

04093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81202.C86298

Amount of Each Receipt this Period

25.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas Carrellas

Mailing Address 297 Fowler Road

City

Cape Elizabeth

State

ME

Zip Code

04107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Portland

Occupation  
Computer Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86274

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Peter Chase

Mailing Address 177 Brann Road

City

Levant

State

ME

Zip Code

04456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86194

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Rocky Cianchette

Mailing Address 17 Thornhurst Road

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Main Line Fence Co.

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86259

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Anne Cole

Mailing Address 835 Ocean Avenue

City

Wells

State

ME

Zip Code

04090-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86197

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

R. Lee Corbett

Mailing Address 528 US Rt. 1

City

Perry

State

ME

Zip Code

04667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C86223

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Paul Coulombe

Mailing Address P.O. Box 1829

City

Lewiston

State

ME

Zip Code

04240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81202.C86283

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Virginia Craver

Mailing Address 10 Ocean View Road

City

Kennebunk

State

ME

Zip Code

04043-7228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86240

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Albert & Kathleen Crocker

Mailing Address 5 Noyes Place

City

Waterville

State

ME

Zip Code

04901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86211

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Raymond Crone

Mailing Address 17 Franklin Street

City

Houlton

State

ME

Zip Code

04730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86270

Amount of Each Receipt this Period

10.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Davis

Mailing Address 3 The Ledges

City

Hallowell

State

ME

Zip Code

04347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86192

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Dickman

Mailing Address 132 Cedar Lane

City

Farmington

State

ME

Zip Code

04938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86208

Amount of Each Receipt this Period

40.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Thomas & Sally Dill

Mailing Address 14 Taylor Street

City

Augusta

State

ME

Zip Code

04330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C86227

Amount of Each Receipt this Period

10.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Deborah Dunlap

Mailing Address 45 Colonial Drive

City

Durham

State

ME

Zip Code

04222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C86230

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Thomas Elliman

Mailing Address 36 Saint Lawrence Street

City

Portland

State

ME

Zip Code

04101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86203

Amount of Each Receipt this Period

55.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Marcia Elton

Mailing Address 61 Pine Hill Rd.

City

Berwick

State

ME

Zip Code

03901-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Berwick

Occupation

Assessor Clerk/C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81202.C86233

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael Field

Mailing Address 209 Basin Point Road

City

Harpwell

State

ME

Zip Code

04079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Maine

Occupation

State Trooper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86253

Amount of Each Receipt this Period

20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Finegan

Mailing Address 100 Clearwater Dr. Unit 99

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86199

Amount of Each Receipt this Period

25.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Karen Foster

Mailing Address 659 Church Hill Road

City

Augusta

State

ME

Zip Code

04330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86206

Amount of Each Receipt this Period

15.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Norman Fuller

Mailing Address 179 Knowltons Shore Road

City

Liberty

State

ME

Zip Code

04949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86218

Amount of Each Receipt this Period

40.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

James Geary

Mailing Address PO Box 182

City

Bass Harbor

State

ME

Zip Code

04653-0182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86271

Amount of Each Receipt this Period

15.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Gertrude Grass

Mailing Address 866 Hudson Hill Road

City

Hudson

State

ME

Zip Code

04449-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
owner/operator/trucker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86195

Amount of Each Receipt this Period

35.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Harriet Hall

Mailing Address 753 Gore Road

City

Alfred

State

ME

Zip Code

04002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81202.C86299

Amount of Each Receipt this Period

15.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Calvin Hamblen

Mailing Address 24 Hamblen Road

City

Gorham

State

ME

Zip Code

04038-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86205

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Hedderman

Mailing Address 77 Farragut Way

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86272

Amount of Each Receipt this Period

10.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jane Hosterman

Mailing Address PO Box 22  
Flat Road

City

West Bethel

State

ME

Zip Code

04286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86191

Amount of Each Receipt this Period

15.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Agnes Hungerford

Mailing Address 10 Cedarbrook Drive

City

Scarborough

State

ME

Zip Code

04074-8327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Medical Center

Occupation

Nurses Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 81202.C86286

Amount of Each Receipt this Period

15.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

James Johnston

Mailing Address 22 Shamrock Hill

City

Woolwich

State

ME

Zip Code

04579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81202.C86231

Amount of Each Receipt this Period

75.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Judith Kane

Mailing Address 14 Pinehurst Lane

City

Falmouth

State

ME

Zip Code

04105-1161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested employer information

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86252

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

John Kennett

Mailing Address 4 Indian Rock Road

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86273

Amount of Each Receipt this Period

20.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Daphne Kimball

Mailing Address 71 Emery Lane

City

Boothbay Harbor

State

ME

Zip Code

04538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86250

Amount of Each Receipt this Period

20.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William King

Mailing Address 50 Spring Cove Drive  
Chopps Point Rd.

City

Woolwich

State

ME

Zip Code

04579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81202.C86280

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Edmond Laing

Mailing Address 16 Lambard Road Apt 104

City

Augusta

State

ME

Zip Code

04330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86219

Amount of Each Receipt this Period

60.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mary Lalumiere

Mailing Address PO Box 308

City

Cumberland Center

State

ME

Zip Code

04021-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86202

Amount of Each Receipt this Period

20.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Frank Leavitt

Mailing Address 1 Running Tide Road

City

Cape Elizabeth

State

ME

Zip Code

04107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86196

Amount of Each Receipt this Period

15.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Dawn Lilly

Mailing Address 349 George Wright Road

City

Woolwich

State

ME

Zip Code

04579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: 81202.C86301

Amount of Each Receipt this Period

30.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Frank Lockhart

Mailing Address PO Box 6223

City

China

State

ME

Zip Code

04926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86193

Amount of Each Receipt this Period

25.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lucille Main

Mailing Address 11 Margarine Acres

City

Alfred

State

ME

Zip Code

04002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86258

Amount of Each Receipt this Period

12.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

67.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Irvine Marsters

Mailing Address 8 Beech Grove Avenue

City

Glenburn

State

ME

Zip Code

04401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bangor Letter Shop

Occupation  
Printer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86260

Amount of Each Receipt this Period

25.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Peter & Linda McCarthy

Mailing Address 118 Franklin Street

City

Saco

State

ME

Zip Code

04072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 81202.C86303

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Grace McCarton

Mailing Address 23 Tanner Street

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 81202.C86306

Amount of Each Receipt this Period

30.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Ernest McLaughlin

Mailing Address P.O. Box 14

City

Winthrop

State

ME

Zip Code

04364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86255

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Victoria Miele

Mailing Address 157 Foreside Road

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86312

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

James Monroe

Mailing Address PO Box 88

City

Solon

State

ME

Zip Code

04979-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86215

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Joseph Moulin

Mailing Address 173 Broad Street

City

Auburn

State

ME

Zip Code

04210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86213

Amount of Each Receipt this Period

10.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

J.R. Mueller

Mailing Address 105 E. Main Street

City

Searsport

State

ME

Zip Code

04974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86209

Amount of Each Receipt this Period

10.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Real Nadeau

Mailing Address 83 Fall Mill Road

City

York

State

ME

Zip Code

03909-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Dry Cleaner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81202.C86232

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Charlotte Paolini

Mailing Address 3 Ledgemere Drive

City

Biddeford

State

ME

Zip Code

04005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNE-Com

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86239

Amount of Each Receipt this Period

150.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Keith Patten

Mailing Address PO Box 755

City

Camden

State

ME

Zip Code

04843-0755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Camden National Bank

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81202.C86236

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Joan Patterson

Mailing Address 110 Court Street

City

Farmington

State

ME

Zip Code

04938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C86225

Amount of Each Receipt this Period

20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Joan Patterson

Mailing Address 110 Court Street

City

Farmington

State

ME

Zip Code

04938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: 81202.C86302

Amount of Each Receipt this Period

20.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Constance Pennell

Mailing Address 109 Canal Rd

City

Machias

State

ME

Zip Code

04654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81202.C86234

Amount of Each Receipt this Period

20.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Frank Peretti

Mailing Address 11 Oak Lawn Road

City

Peaks Island

State

ME

Zip Code

04108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86311

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Richard Perry

Mailing Address 5 Cherry Hill Drive

City

Waterville

State

ME

Zip Code

04901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81202.C86235

Amount of Each Receipt this Period

10.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Reginald Peters

Mailing Address 498 Long Plains Road

City

Buxton

State

ME

Zip Code

04093-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C86226

Amount of Each Receipt this Period

10.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Pickett

Mailing Address PO Box 89

City

North Berwick

State

ME

Zip Code

03906-0089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86275

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Susan Pines

Mailing Address 60 Balsam Drive #229

City

Hallowell

State

ME

Zip Code

04347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legislator State of Maine

Occupation  
Legislator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86188

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Malcolm Poole

Mailing Address 251 Black Point Road

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poole Group Companies

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86190

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ernest Porell

Mailing Address 74 Peter Rd.

City

Plymouth

State

MA

Zip Code

02360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86242

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Michael Povich

Mailing Address PO Box 722

City

Ellsworth

State

ME

Zip Code

04605-0722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ME

Occupation

Dist Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86216

Amount of Each Receipt this Period

25.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

James & Beverly Reynolds

Mailing Address 53 Country Road

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86212

Amount of Each Receipt this Period

20.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

James & Beverly Reynolds

Mailing Address 53 Country Road

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 81202.C86285

Amount of Each Receipt this Period

20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Harry Rogers

Mailing Address 276 Summit Street

City

Portland

State

ME

Zip Code

04103-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C86293

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Hannah Russell

Mailing Address 218 Foreside Road

City

Falmouth

State

ME

Zip Code

04105-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86198

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

R.J. Russell

Mailing Address 18 East Houghton Street

City

Madison

State

ME

Zip Code

04950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81202.C86300

Amount of Each Receipt this Period

35.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Ruth Russell

Mailing Address 15 Acorn Street

City

Sanford

State

ME

Zip Code

04073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C86222

Amount of Each Receipt this Period

20.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Susan Sawyer

Mailing Address P.O. Box 242

City

Auburn

State

ME

Zip Code

04211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 81202.C86287

Amount of Each Receipt this Period

25.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Florence Schell

Mailing Address 46 Plymouth Drive

City

Saco

State

ME

Zip Code

04072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86249

Amount of Each Receipt this Period

15.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Gwyn Sewall

Mailing Address 24 Maple Street

City

Wilton

State

ME

Zip Code

04294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard S. Sewall D.D.S.Occupation  
book keeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

Transaction ID: 81202.C86254

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Alan Smart

Mailing Address 847 Main Street

City

Lincoln

State

ME

Zip Code

04457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
pipe fitter unionOccupation  
pipe fitter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Transaction ID: 81017.C86207

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lloyd Snapp

Mailing Address PO Box 224

City

Castine

State

ME

Zip Code

04421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Castine Cottages Downeast  
EnteOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

Transaction ID: 81202.C86292

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Stephen Spenlinhauer

Mailing Address 118 Marshall Pt Rd

City

Kennebunkport

State

ME

Zip Code

04046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spencer Press

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81202.C86282

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Sarah Summerson

Mailing Address 84 Barton Street

City

Presque Isle

State

ME

Zip Code

04769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C86291

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Stephen Szostek

Mailing Address 70 Lugin Street

City

Westbrook

State

ME

Zip Code

04092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C86296

Amount of Each Receipt this Period

30.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2680.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 164

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Monica Tardif

Mailing Address 139 Michigan Settlement Road

City

Fort Kent

State

ME

Zip Code

04743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
hair stylist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81202.C86251

Amount of Each Receipt this Period

10.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Karen Tiger

Mailing Address 28 Montsweag Woods Lane

City

Woolwich

State

ME

Zip Code

04579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C86295

Amount of Each Receipt this Period

25.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ida Trenholm

Mailing Address 1 Hoffses Dr.

City

Camden

State

ME

Zip Code

04843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81017.C86201

Amount of Each Receipt this Period

30.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Michael Verrill

Mailing Address 3 Winding Brooke Lane

City

South Berwick

State

ME

Zip Code

03908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86217

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Karen Walsh

Mailing Address 25 Willow Ave.

City

North Hampton

State

NH

Zip Code

03862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86265

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Linda Walsh

Mailing Address 70 Ocean Blvd

City

North Hampton

State

NH

Zip Code

03862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86264

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 164

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

William Walsh

Mailing Address 78 Ocean Blvd.

City

North Hampton

State

NH

Zip Code

03862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86266

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Laurel Weaver

Mailing Address 109 Main Street

City

Thomaston

State

ME

Zip Code

04861-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81021.C86214

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Frank Wiswall

Mailing Address PO Box 201

City

Castine

State

ME

Zip Code

04421-0201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81017.C86189

Amount of Each Receipt this Period

115.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5215.00

**TOTAL** This Period (last page this line number only) .....

32117.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 164

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Anheuser-Busch Companies Inc PAC

Mailing Address 106 East College Ave  
Suite 700

City State Zip Code  
Tallahassee FL 32301

FEC ID number of contributing  
federal political committee.

**C** C00034488

Name of Employer  
Anheuser Bush INC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: 81202.C86308

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Collins for Senator

Mailing Address PO Box 1096

City State Zip Code  
Bangor ME 04401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Senate

Occupation  
U.S. Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4496.85

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 81202.C86288

Amount of Each Receipt this Period

71.85

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Homecare & Hospice PAC

Mailing Address 513 C Street, NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C** C00431981

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86262

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2071.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 164

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

IP-PAC

Mailing Address 1101 Pennsylvania Ave. NW, Suite 2

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00034405

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86263

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John McCain 2008, Inc.

Mailing Address P.O. Box 16118

City

Arlington

State

VA

Zip Code

22215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10145.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86244

Amount of Each Receipt this Period

93.06

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Napus PAC for Postmasters

Mailing Address 8 Herbert St.

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

**C** C00100404

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86268

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6093.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 164

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Special Teams 08

Mailing Address P.O. Box 75103

City

Washington

State

DC

Zip Code

20013

FEC ID number of contributing  
federal political committee.

**C** C00428920

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117353.06

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86267

Amount of Each Receipt this Period

23000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Unisys Corporation Employees PAC

Mailing Address M.S. B214 One Unisys Way

City

Blue Bell

State

PA

Zip Code

19424

FEC ID number of contributing  
federal political committee.

**C** C00345603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81202.C86261

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

33164.91

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 164

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Nevada Republican State Central Com.

Mailing Address 8625 W Sahara Ave.

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.**C** C00082925

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: 81202.C86297

Amount of Each Receipt this Period

20000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Republican Campaign Com. of New Mexico

Mailing Address PO Box 94083

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.**C** C00020818

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: 81202.C86290

Amount of Each Receipt this Period

100000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 1st St SE

City

Washington

State

DC

Zip Code

20003-1885

FEC ID number of contributing  
federal political committee.**C** C00003418Name of Employer  
Republican National Commi-  
tee

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 81017.C86200

Amount of Each Receipt this Period

100000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

220000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 164

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 1st St SE

City State Zip Code  
Washington DC 20003-1885

FEC ID number of contributing  
federal political committee. **C** C00003418

Name of Employer  
Republican National Commi-  
tee

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81022.C86228

Amount of Each Receipt this Period

24000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 1st St SE

City State Zip Code  
Washington DC 20003-1885

FEC ID number of contributing  
federal political committee. **C** C00003418

Name of Employer  
Republican National Commi-  
tee

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81202.C86277

Amount of Each Receipt this Period

29000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 1st St SE

City State Zip Code  
Washington DC 20003-1885

FEC ID number of contributing  
federal political committee. **C** C00003418

Name of Employer  
Republican National Commi-  
tee

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81202.C86284

Amount of Each Receipt this Period

13000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

66000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 164

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 1st St SE

City State Zip Code  
Washington DC 20003-1885

FEC ID number of contributing  
federal political committee. **C** C00003418

Name of Employer  
Republican National Commi-  
tee

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 81202.C86307

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Republican National State Election Commi

Mailing Address 310 First Street S. E.

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee. **C** C00003418

Name of Employer  
Republican National State  
Elec

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C86241

Amount of Each Receipt this Period

65000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

66000.00

**TOTAL** This Period (last page this line number only) .....

352000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Jane Alfonso

Mailing Address 906 Chalfonte Drive

City Alexandria State VA Zip Code 22305-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81203.E6897

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Aristeia Group Inc.

Mailing Address 201 Massachusetts Ave NE Suite C-3

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
fundraising expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6585

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

2150.00

FUNDRAISING EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
software support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6682

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

1500.00

SOFTWARE SUPPORT

**SUBTOTAL** of Disbursements This Page (optional) .....

3900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Augusta Fuel Company

Mailing Address PO Box 2226

City Augusta State ME Zip Code 04338-2226

Purpose of Disbursement  
Utilities - heat

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6683

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

330.57

UTILITES - HEAT

**B.**

Full Name (Last, First, Middle Initial)  
Jana Barresi

Mailing Address 48383 22nd St #B1

City Arlington State VA Zip Code 22201-

Purpose of Disbursement  
per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6885

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Bruce Bennet

Mailing Address 5 Dagget Street

City Milo State ME Zip Code 04463-

Purpose of Disbursement  
per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6755

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

40.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

620.57

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)  
Matthew Boucher

Mailing Address  
428 Bangor Road

City  
Ellsworth

State  
ME

Zip Code  
04605-

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E6537

Date of Disbursement  
MM / DD / YYYY  
10 / 17 / 2008

Amount of Each Disbursement this Period

719.46

PAYROLL - FEA

B.

Full Name (Last, First, Middle Initial)  
Matthew Boucher

Mailing Address  
428 Bangor Road

City  
Ellsworth

State  
ME

Zip Code  
04605-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81202.E6639

Date of Disbursement  
MM / DD / YYYY  
10 / 31 / 2008

Amount of Each Disbursement this Period

719.47

PAYROLL - FEA

C.

Full Name (Last, First, Middle Initial)  
Matthew Boucher

Mailing Address  
428 Bangor Road

City  
Ellsworth

State  
ME

Zip Code  
04605-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81202.E6667

Date of Disbursement  
MM / DD / YYYY  
11 / 14 / 2008

Amount of Each Disbursement this Period

719.46

PAYROLL

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Capehart	<b>Transaction ID:</b> 81202.E6859
Mailing Address 1094 Essex Street	Date of Disbursement
City Bangor State ME Zip Code 04401-	<div> <div>MM / DD / YY</div> <div>10 / 24 / 2008</div> </div>
Purpose of Disbursement Per diem - non allocable Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div></div> <div>50.00</div> </div>
State: District:	PER DIEM - NON ALLOCABLE
<b>B.</b> Full Name (Last, First, Middle Initial) Jen Capriola	<b>Transaction ID:</b> 81202.E6874
Mailing Address 2016 N Adams St #108	Date of Disbursement
City Arlington State VA Zip Code 22201-	<div> <div>MM / DD / YY</div> <div>10 / 29 / 2008</div> </div>
Purpose of Disbursement PER diem - non allocable Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div></div> <div>250.00</div> </div>
State: District:	PER DEIM - NON ALLOCABLE
<b>C.</b> Full Name (Last, First, Middle Initial) Amy Carroll	<b>Transaction ID:</b> 81202.E6886
Mailing Address 1127 C St SE # 4	Date of Disbursement
City Washington State DC Zip Code 20003-	<div> <div>MM / DD / YY</div> <div>10 / 29 / 2008</div> </div>
Purpose of Disbursement per diem - non allocable Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div></div> <div>250.00</div> </div>
State: District:	PER DEIM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

**550.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Robert Caverly

Mailing Address 1509 River Road

City Clinton State ME Zip Code 04927-

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6542

Date of Disbursement

/   /

Amount of Each Disbursement this Period

699.46

PAYROLL - FEA

**B.**

Full Name (Last, First, Middle Initial)  
Robert Caverly

Mailing Address 1509 River Road

City Clinton State ME Zip Code 04927-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6694

Date of Disbursement

/   /

Amount of Each Disbursement this Period

896.17

REIMBURSEMENT: SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)  
Robert Caverly

Mailing Address 1509 River Road

City Clinton State ME Zip Code 04927-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6695

Date of Disbursement

/   /

Amount of Each Disbursement this Period

482.04

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

1595.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Hallmark

Mailing Address 629 Broadway

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6700

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

11.03

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**B.**

Full Name (Last, First, Middle Initial)  
Hannafor

Mailing Address 773 Stillwater Ave

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6696

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

159.81

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Papa Gambinos, Inc.

Mailing Address 271 State Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6701

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

73.78

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 1131 Union Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6697

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

70.59

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**B.**

Full Name (Last, First, Middle Initial)  
Tri City Pizza

Mailing Address 422 Center Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6698

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

56.92

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 230 Harlow Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6699

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

42.00

**[MEMO ITEM]**

MEMO: : POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Robert Caverly

Mailing Address 1509 River Road

City Clinton State ME Zip Code 04927-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6644

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

699.47

PAYROLL - FEA

**B.**

Full Name (Last, First, Middle Initial)  
Robert Caverly

Mailing Address 1509 River Road

City Clinton State ME Zip Code 04927-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6672

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

699.45

PAYROLL - FEA

**C.**

Full Name (Last, First, Middle Initial)  
Robert Caverly

Mailing Address 1509 River Road

City Clinton State ME Zip Code 04927-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6830

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

988.94

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

2387.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Amatos Pizza	<b>Transaction ID:</b> 81202.E6832 <b>Date of Disbursement</b>																				
Mailing Address 657 Boradway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Bangor State ME Zip Code 04401-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<table border="1"> <tr> <td colspan="10">32.79</td> </tr> </table>	32.79																			
32.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Angelos Pizza	<b>Transaction ID:</b> 81202.E6836 <b>Date of Disbursement</b>																				
Mailing Address 241 Main St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Ellsworth State ME Zip Code 04605-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Caverly	<b>Transaction ID:</b> 81202.E6831 <b>Date of Disbursement</b>																				
Mailing Address 1509 River Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Clinton State ME Zip Code 04927-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: mileage reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">636.09</td> </tr> </table>	636.09																			
636.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Ellsworth Giant Sub	<b>Transaction ID:</b> 81202.E6835 <b>Date of Disbursement</b>																				
Mailing Address 159 Douglas Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Lamoine State ME Zip Code 04605-4238	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>55.91</td> </tr> </table>	55.91																			
55.91																					
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS																				
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> 81202.E6833 <b>Date of Disbursement</b>																				
Mailing Address 482 Stillwater Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Bangor State ME Zip Code 04401-3551	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>201.58</td> </tr> </table>	201.58																			
201.58																					
Purpose of Disbursement ITEMIZE: office supplies Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES																				
<b>C.</b> Full Name (Last, First, Middle Initial) . Staples	<b>Transaction ID:</b> 81202.E6834 <b>Date of Disbursement</b>																				
Mailing Address 180 Bangor Mall Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Bangor State ME Zip Code 04401-3632	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>12.57</td> </tr> </table>	12.57																			
12.57																					
Purpose of Disbursement ITEMIZE: office supplies Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Central Maine Power	<b>Transaction ID:</b> 81202.E6614 <b>Date of Disbursement</b>																				
Mailing Address 83 Edison Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period																				
Purpose of Disbursement Utilities - electric Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) Central Maine Power	<b>Transaction ID:</b> 81202.E6609 <b>Date of Disbursement</b>																				
Mailing Address 83 Edison Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period																				
Purpose of Disbursement Utilities - electric Candidate Name	<table border="1"> <tr> <td colspan="10">140.05</td> </tr> </table>	140.05																			
140.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Central Maine Power	<b>Transaction ID:</b> 81202.E6658 <b>Date of Disbursement</b>																				
Mailing Address 83 Edison Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	8												
City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period																				
Purpose of Disbursement utilities - electric Candidate Name	<table border="1"> <tr> <td colspan="10">493.72</td> </tr> </table>	493.72																			
493.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

758.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Cyrus Cheslak	<b>Transaction ID:</b> 81203.E6896 <b>Date of Disbursement</b>
Mailing Address 522 North Piedmont, #302	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>29</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Arlington State VA Zip Code 22203-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per deim - non allocable Candidate Name	<div>250.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>PER DEIM - NON ALLOCABLE</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) China Villa	<b>Transaction ID:</b> 81202.E6632 <b>Date of Disbursement</b>
Mailing Address 910 Main Street	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>30</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Westbrook State ME Zip Code 04092-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food for volunteers Candidate Name	<div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>FOOD FOR VOLUNTEERS</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) City of Augusta	<b>Transaction ID:</b> 81202.E6602 <b>Date of Disbursement</b>
Mailing Address 16 Cony St.	<div> <div><sup>M</sup>11</div> <div>/</div> <div><sup>D</sup>07</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Augusta State ME Zip Code 04330-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Convention space rental Candidate Name	<div>7000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>CONVENTION SPACE RENTAL</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

7450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Cityside Events, Inc.

Mailing Address 75 Market St, Suite 303  
PO Box 7764

City Portland State ME Zip Code 04101-

Purpose of Disbursement  
event for Susan Collins

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6578

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

6368.00

EVENT FOR SUSAN COLLINS

**B.**

Full Name (Last, First, Middle Initial)  
Angela Cooper

Mailing Address 23 Fort Knox Ave

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6856

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

100.00

PER DEIM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
John Coppola

Mailing Address 205 Maine St

City Orono State ME Zip Code 04473-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6756

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

114.00

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

6582.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
John Coppola

Mailing Address 205 Maine St

City State Zip Code  
Orono ME 04473-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6758  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

107.20

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**B.**

Full Name (Last, First, Middle Initial)  
John Coppola

Mailing Address 205 Maine St

City State Zip Code  
Orono ME 04473-

Purpose of Disbursement  
ITEMIZED: per diem - non allocable  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6757  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**

MEMO: D: PER DIEM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Colette Coulthand

Mailing Address 137 Sand Bar Rd

City State Zip Code  
Windham ME 04062-

Purpose of Disbursement  
per diem - non allocable  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6759  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Courtyard Bangor

Mailing Address 236 Sylvan Road

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6556

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1483.02

LODGING

**B.**

Full Name (Last, First, Middle Initial)  
Courtyard Bangor

Mailing Address 236 Sylvan Road

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6558

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

10.00

LODGING

**C.**

Full Name (Last, First, Middle Initial)  
Creative Imaging Group

Mailing Address 84 Pleasant Hill Road

City Scarborough State ME Zip Code 04074-

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6610

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

509.40

OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

2002.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Creative Imaging Group

Mailing Address 68 Mussey Road Suite 3

City Scarborough State ME Zip Code 04074-

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6625

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

678.05

PRINTING

**B.**

Full Name (Last, First, Middle Initial)

Neil Cutter

Mailing Address 3917 17th St N

City Arlington State VA Zip Code 22201-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6866

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DIEM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)

Michael Dailey

Mailing Address 152 East Broadway Ext

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6539

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

739.46

PAYROLL - FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

1667.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Michael Dailey

Mailing Address 152 East Broadway Ext

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6729

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

787.62

MILEAGE REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)

Michael Dailey

Mailing Address 152 East Broadway Ext

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6641

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1057.89

PAYROLL - FEA

C.

Full Name (Last, First, Middle Initial)

Michael Dailey

Mailing Address 152 East Broadway Ext

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6669

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

739.47

PAYROLL - FEA

SUBTOTAL of Disbursements This Page (optional) .....

2584.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Michelle Dale	<b>Transaction ID:</b> 81017.E6541 <b>Date of Disbursement</b>
Mailing Address 409 Churchill Road	<div> <div><sup>M</sup>10</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>17</div> <div><sup>D</sup></div> <div>/</div> <div><sup>Y</sup>2008</div> <div><sup>Y</sup></div> <div><sup>Y</sup></div> <div><sup>Y</sup></div> </div>
City Augusta State ME Zip Code 04330-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>666.72</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Category/Type PAYROLL
<b>B.</b> Full Name (Last, First, Middle Initial) Michelle Dale	<b>Transaction ID:</b> 81202.E6643 <b>Date of Disbursement</b>
Mailing Address 409 Churchill Road	<div> <div><sup>M</sup>10</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>31</div> <div><sup>D</sup></div> <div>/</div> <div><sup>Y</sup>2008</div> <div><sup>Y</sup></div> <div><sup>Y</sup></div> <div><sup>Y</sup></div> </div>
City Augusta State ME Zip Code 04330-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll Candidate Name	<div>666.73</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Category/Type PAYROLL
<b>C.</b> Full Name (Last, First, Middle Initial) Michelle Dale	<b>Transaction ID:</b> 81202.E6671 <b>Date of Disbursement</b>
Mailing Address 409 Churchill Road	<div> <div><sup>M</sup>11</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>14</div> <div><sup>D</sup></div> <div>/</div> <div><sup>Y</sup>2008</div> <div><sup>Y</sup></div> <div><sup>Y</sup></div> <div><sup>Y</sup></div> </div>
City Augusta State ME Zip Code 04330-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll Candidate Name	<div>666.72</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Category/Type PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Dickens

Mailing Address 380 College Ave

City Orono State ME Zip Code 04473-

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6543

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

699.47

PAYROLL - FEA

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Dickens

Mailing Address 380 College Ave

City Orono State ME Zip Code 04473-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6645

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

699.47

PAYROLL - FEA

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Dickens

Mailing Address 380 College Ave

City Orono State ME Zip Code 04473-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6792

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

543.08

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1942.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Dickens	<b>Transaction ID:</b> 81202.E6793 <b>Date of Disbursement</b>
Mailing Address 380 College Ave	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Orono State ME Zip Code 04473-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: mileage reimbursement Candidate Name	<div>303.08</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> 81202.E6795 <b>Date of Disbursement</b>
Mailing Address 668 Stillwater Ave	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Bangor State ME Zip Code 04401-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: telephone Candidate Name	<div>240.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : TELEPHONE
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Dickens	<b>Transaction ID:</b> 81202.E6673 <b>Date of Disbursement</b>
Mailing Address 380 College Ave	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>4</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Orono State ME Zip Code 04473-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll - fea Candidate Name	<div>699.46</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL - FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

699.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Catherine Dickenson

Mailing Address 1156 Main Street

City State Zip Code  
Corinth ME 04427-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6864

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

PER DIEM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Kristen Dorion

Mailing Address 116 Halifax St

City State Zip Code  
Winslow ME 04901-6935

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6536

Date of Disbursement

/   /

Amount of Each Disbursement this Period

866.70

PAYROLL - FEA

**C.**

Full Name (Last, First, Middle Initial)  
Kristen Dorion

Mailing Address 116 Halifax St

City State Zip Code  
Winslow ME 04901-6935

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6707

Date of Disbursement

/   /

Amount of Each Disbursement this Period

394.64

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1411.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Arkay Pizza	<b>Transaction ID:</b> 81202.E6710 <b>Date of Disbursement</b>																				
Mailing Address 172 Farmington Falls Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Farmington State ME Zip Code 04938-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<table border="1"> <tr> <td colspan="10">16.42</td> </tr> </table>	16.42																			
16.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
Full Name (Last, First, Middle Initial) DiscountCell, Inc	<b>Transaction ID:</b> 81202.E6711 <b>Date of Disbursement</b>																				
Mailing Address 350 West 500 South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Provo State UT Zip Code 84601-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: telephone Candidate Name	<table border="1"> <tr> <td colspan="10">43.90</td> </tr> </table>	43.90																			
43.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : TELEPHONE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
Full Name (Last, First, Middle Initial) Kristen Dorion	<b>Transaction ID:</b> 81202.E6708 <b>Date of Disbursement</b>																				
Mailing Address 116 Halifax St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Winslow State ME Zip Code 04901-6935	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: mileage reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">293.07</td> </tr> </table>	293.07																			
293.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Wei-Li Chinese Restaurant	<b>Transaction ID:</b> 81202.E6709 <b>Date of Disbursement</b>																				
Mailing Address 945 Center Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Auburn State ME Zip Code 04210-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: food for volunteers	<table border="1"> <tr> <td colspan="10">41.27</td> </tr> </table>	41.27																			
41.27																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kristen Dorion	<b>Transaction ID:</b> 81202.E6638 <b>Date of Disbursement</b>																				
Mailing Address 116 Halifax St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Winslow State ME Zip Code 04901-6935	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll - fea	<table border="1"> <tr> <td colspan="10">866.70</td> </tr> </table>	866.70																			
866.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kristen Dorion	<b>Transaction ID:</b> 81202.E6796 <b>Date of Disbursement</b>																				
Mailing Address 116 Halifax St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	8												
City Winslow State ME Zip Code 04901-6935	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<table border="1"> <tr> <td colspan="10">1622.17</td> </tr> </table>	1622.17																			
1622.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

PAYROLL - FEA

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

**2488.87**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Maine Republican Party

MEMO: : LODGING

MEMO: : MILEAGE REIMBURSEMENT

MEMO: : OFFICE SUPPLIES

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81202.E6800 Date of Disbursement MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 855 Lisbon Street	
	City Lewiston State ID Zip Code 04240-	Amount of Each Disbursement this Period 48.60
	Purpose of Disbursement ITEMIZE: office supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES
<b>B.</b>	Full Name (Last, First, Middle Initial) . Staples	Transaction ID: 81202.E6802 Date of Disbursement MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 180 Bangor Mall Blvd	
	City Bangor State ME Zip Code 04401-3632	Amount of Each Disbursement this Period 62.98
	Purpose of Disbursement ITEMIZE: office supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES
<b>C.</b>	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81202.E6799 Date of Disbursement MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 1131 Union Street	
	City Bangor State ME Zip Code 04401-	Amount of Each Disbursement this Period 33.88
	Purpose of Disbursement ITEMIZE: office supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Telanetix Mailing Address 11201 SE 8th St Suite 200	<b>Transaction ID:</b> 81202.E6798 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	3		2	0	0	8													
City Bellevue State WA Zip Code 98004- Purpose of Disbursement ITEMIZE: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>21.72</td> </tr> </table> <b>[MEMO ITEM]</b> MEMO: : TELEPHONE	21.72																				
21.72																						
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 668 Stillwater Ave City Bangor State ME Zip Code 04401- Purpose of Disbursement ITEMIZE: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6803 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>57.74</td> </tr> </table> <b>[MEMO ITEM]</b> MEMO: : TELEPHONE	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8	57.74
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	3		2	0	0	8													
57.74																						
<b>C.</b> Full Name (Last, First, Middle Initial) Walmart Mailing Address Springer Drive City Bangor State ME Zip Code 04401- Purpose of Disbursement ITEMIZE: office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6801 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>613.04</td> </tr> </table> <b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8	613.04
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	3		2	0	0	8													
613.04																						

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Kristen Dorion Mailing Address 116 Halifax St	<b>Transaction ID:</b> 81202.E6666 <b>Date of Disbursement</b> <div> <div>11</div> <div>14</div> <div>2008</div> </div>
City Winslow State ME Zip Code 04901-6935 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>866.69</div> PAYROLL
<b>B.</b> Full Name (Last, First, Middle Initial) Enterprise Car Rental Mailing Address 378 Western Ave City Augusta State ME Zip Code 04330-6012 Purpose of Disbursement car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6624 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1387.62</div> CAR RENTAL
<b>C.</b> Full Name (Last, First, Middle Initial) Enterprise Car Rental Mailing Address 378 Western Ave City Augusta State ME Zip Code 04330-6012 Purpose of Disbursement car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6626 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>659.73</div> CAR RENTAL

**SUBTOTAL** of Disbursements This Page (optional) .....

**2914.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Enterprise Car Rental	<b>Transaction ID:</b> 81202.E6651 <b>Date of Disbursement</b>																				
Mailing Address 378 Western Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Augusta State ME Zip Code 04330-6012 Purpose of Disbursement car rental Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>340.87</td> </tr> </table>																				340.87
									340.87												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CAR RENTAL																					
<b>B.</b> Full Name (Last, First, Middle Initial) Fair Point Communications	<b>Transaction ID:</b> 81202.E6627 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1939	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
City Portland State ME Zip Code 04104- Purpose of Disbursement Utilities - telephone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>267.09</td> </tr> </table>																				267.09
									267.09												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
UTILITIES - TELEPHONE																					
<b>C.</b> Full Name (Last, First, Middle Initial) Fair Point Communications	<b>Transaction ID:</b> 81202.E6780 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1939	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	7		2	0	0	8												
City Portland State ME Zip Code 04104- Purpose of Disbursement Utilities - telephone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>459.63</td> </tr> </table>																				459.63
									459.63												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
UTILITIES - TELEPHONE																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**1067.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Rita Feeney

Mailing Address 18 Baston Road

City North Yarmouth State ME Zip Code 04097-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6854

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

50.00

PER DIEM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 2401 W Behrend Dr Ste 7  
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement  
telemarketing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6562

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

4460.05

TELEMARKETING

**C.**

Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 2401 W Behrend Dr Ste 7  
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement  
telemarketing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6620

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

1974.67

TELEMARKETING

**SUBTOTAL** of Disbursements This Page (optional) .....

6484.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> 81202.E6621 <b>Date of Disbursement</b>
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85027-4143	Amount of Each Disbursement this Period
Purpose of Disbursement telemarketing Candidate Name	<div>10378.52</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type TELEMARKETING	
<b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> 81202.E6633 <b>Date of Disbursement</b>
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85027-4143	Amount of Each Disbursement this Period
Purpose of Disbursement telemarketing Candidate Name	<div>550.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type TELEMARKETING	
<b>C.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> 81202.E6652 <b>Date of Disbursement</b>
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85027-4143	Amount of Each Disbursement this Period
Purpose of Disbursement telemarketing Candidate Name	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type TELEMARKETING	

**SUBTOTAL** of Disbursements This Page (optional) .....

12428.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 2401 W Behrend Dr Ste 7  
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement  
telemarketing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6650

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

659.77

TELEMARKETING

**B.**

Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 2401 W Behrend Dr Ste 7  
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement  
telemarketing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6655

Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

300.00

TELEMARKETING

**C.**

Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 2401 W Behrend Dr Ste 7  
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement  
telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6781

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

208.21

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

1167.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 2401 W Behrend Dr Ste 7 Suite 7</p> <p>City Phoenix State AZ Zip Code 85027-4143</p> <p>Purpose of Disbursement Telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6601</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3117.10</p> <p>TELEMARKETING</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 2401 W Behrend Dr Ste 7 Suite 7</p> <p>City Phoenix State AZ Zip Code 85027-4143</p> <p>Purpose of Disbursement direct mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6604</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 2365.11</p> <p>DIRECT MAILING</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 2401 W Behrend Dr Ste 7 Suite 7</p> <p>City Phoenix State AZ Zip Code 85027-4143</p> <p>Purpose of Disbursement telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6678</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 695.59</p> <p>TELEMARKETING</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

6177.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) . Georges Pizza Mailing Address 563 Center Street	<b>Transaction ID:</b> 81202.E6629 <b>Date of Disbursement</b> <div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Auburn State ME Zip Code 04210- Purpose of Disbursement food for volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>FOOD FOR VOLUNTEERS</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Benjamin P. Gilman Mailing Address 72 Wilson Rd City Gorham State ME Zip Code 04038-2472 Purpose of Disbursement Per diem - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6843 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>PER DIEM - NON ALLOCABLE</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Benjamin P. Gilman Mailing Address 72 Wilson Rd City Gorham State ME Zip Code 04038-2472 Purpose of Disbursement Per Diem - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6842 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <b>PER DIEM - NON ALLOCABLE</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Benjamin P. Gilman Mailing Address 72 Wilson Rd	<b>Transaction ID:</b> 81202.E6844 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Gorham State ME Zip Code 04038-2472 Purpose of Disbursement Per diem - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>700.00</div> <b>PER DIEM - NON ALLOCABLE</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Brooke Hayes Mailing Address 2201 Wilson Blvd Apt 607 City Arlington State VA Zip Code 22201- Purpose of Disbursement Per diem - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6867 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>PER DIEM - NON ALLOCABLE</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Carissa Hoosline Mailing Address 6614 Potomac Ave City Alexandria State VA Zip Code 22307- Purpose of Disbursement Per Diem - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6868 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>PER DIEM - NON ALLOCABLE</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Linda Jalbert

Mailing Address 301 G St SW #B812

City  
Washington

State  
DC

Zip Code  
20001-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6875

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

B.

Full Name (Last, First, Middle Initial)

Jeffs Catering

Mailing Address P. O. Box 377

City  
Brewer

State  
ME

Zip Code  
04412-

Purpose of Disbursement  
food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6654

Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

FOOD FOR VOLUNTEERS

C.

Full Name (Last, First, Middle Initial)

Lindsey Jewell

Mailing Address 3000 S Randolph St Apt 233

City  
Arlington

State  
VA

Zip Code  
22201-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6869

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DIEM - NON ALLOCABLE

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Lindsey Jewell

Mailing Address 3000 S Randolph St Apt 233

City State Zip Code  
Arlington VA 22201-

Purpose of Disbursement  
per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6888

Date of Disbursement

/   /

Amount of Each Disbursement this Period

325.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Caleigh Keegan

Mailing Address 1410 N Scott St, #661

City State Zip Code  
Arlington VA 22209-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81203.E6895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Rene Laflamme

Mailing Address 297 Main Street

City State Zip Code  
Lincoln ME 04457-

Purpose of Disbursement  
Per Diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6760

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Kerri Leninger Mailing Address 1024 Mass Ave NE	<b>Transaction ID:</b> 81202.E6876 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2008</div> </div>
City Washington State DC Zip Code 20001- Purpose of Disbursement PER deim - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>PER DEIM - NON ALLOCABLE</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Josh Lortle Mailing Address 3910 Yuma St NW City Washington State DC Zip Code 20001- Purpose of Disbursement per deim - non allocable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6883 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>PER DEIM - NON ALLOCABLE</b>
<b>C.</b> Full Name (Last, First, Middle Initial) . LTs Mailing Address 37 Danforth Street City Portland State ME Zip Code 04101- Purpose of Disbursement Promotional materials - decals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81017.E6545 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>850.00</div> <b>PROMOTIONAL MATERIALS - DECALS</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1350.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party**A.**Full Name (Last, First, Middle Initial)  
LTs Inc

Mailing Address 37 Danforth St

City Portland State ME Zip Code 04101-

Purpose of Disbursement  
t shirts and decals

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6580

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

4822.75

T SHIRTS AND DECALS

**B.**Full Name (Last, First, Middle Initial)  
Jennifer Luja

Mailing Address 14 Jamcco Mill Rd

City Scarborough State ME Zip Code 04074-

Purpose of Disbursement  
Per Diem - non allocable

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6761

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Amount of Each Disbursement this Period

40.00

PER DIEM - NON ALLOCABLE

**C.**Full Name (Last, First, Middle Initial)  
Majority Strategies

Mailing Address 135 Professional Dr, Suite 104

City Ponte Vedra Beach State FL Zip Code 32082-

Purpose of Disbursement  
direct mail exp

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6576

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

5441.60

DIRECT MAIL EXP

SUBTOTAL of Disbursements This Page (optional) .....

10304.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Jayne McCullough

Mailing Address 3640 39th W

City Arlington State VA Zip Code 22201-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6873

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Nikki McKinney

Mailing Address 30-A 17th St SE

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
PER deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6877

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Milliken

Mailing Address 32 King St

City Scarborough State ME Zip Code 04074-

Purpose of Disbursement  
Per Diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6762

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

80.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Brandon Milton	<b>Transaction ID:</b> 81202.E6870 <b>Date of Disbursement</b>
Mailing Address 3917 17th St N	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>29</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Arlington State VA Zip Code 22201-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per diem - non allocable	<div>250.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>PER DIEM - NON ALLOCABLE</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Brandon Milton	<b>Transaction ID:</b> 81202.E6889 <b>Date of Disbursement</b>
Mailing Address 3917 17th St N	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>29</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Arlington State VA Zip Code 22201-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement per diem - non allocable	<div>325.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>PER DEIM - NON ALLOCABLE</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Benjamin Mitchell	<b>Transaction ID:</b> 81202.E6787 <b>Date of Disbursement</b>
Mailing Address 380 College Ave	<div> <div><sup>M</sup>11</div> <div>/</div> <div><sup>D</sup>07</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Orono State ME Zip Code 04473-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<div>490.12</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>REIMBURSEMENT: SEE BELOW</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

1065.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Mitchell	<b>Transaction ID:</b> 81202.E6788 <b>Date of Disbursement</b>
Mailing Address 380 College Ave	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Orono State ME Zip Code 04473-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: per diem - non allocable	<div>80.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Mitchell	<b>Transaction ID:</b> 81202.E6789 <b>Date of Disbursement</b>
Mailing Address 380 College Ave	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Orono State ME Zip Code 04473-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: mileage reimbursement	<div>250.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Walmart	<b>Transaction ID:</b> 81202.E6790 <b>Date of Disbursement</b>
Mailing Address 451 Payne Road	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Scarborough State ME Zip Code 04070-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: office supplies	<div>20.19</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**

MEMO: : PER DIEM - NON  
ALLOCABLE

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURS-  
EMENT

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Wok In Chinese Restaurant

Mailing Address 1209 Forest Ave

City Portland State ME Zip Code 04103-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6791

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

139.21

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
New Technologies

Mailing Address 74 Bayview Street

City Yarmouth State ME Zip Code 04096-

Purpose of Disbursement  
campaign expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6659

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

491.00

CAMPAIGN EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Nicholson & Associates C. P. A.

Mailing Address 76 Silver Street

City Waterville State ME Zip Code 04901-0831

Purpose of Disbursement  
Fed Ex charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6611

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

119.85

FED EX CHARGES

**SUBTOTAL** of Disbursements This Page (optional) .....

610.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Nieman

Mailing Address 3902 Livingston St

City Hyattsville State MD Zip Code 20781-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6878

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Julie A. OBrien

Mailing Address 12 Myrtle St

City Augusta State ME Zip Code 04330-4709

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6637

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1577.03

PAYROLL

**C.**

Full Name (Last, First, Middle Initial)  
Julie A. OBrien

Mailing Address 12 Myrtle St

City Augusta State ME Zip Code 04330-4709

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6665

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

1577.04

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3404.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)  
Julie A. OBrien

Mailing Address 12 Myrtle St

City Augusta State ME Zip Code 04330-4709

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6860

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

65.73

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
Hannaford Supermarket

Mailing Address Willow Street

City Augusta State ME Zip Code 04330-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6861

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

65.73

[MEMO ITEM]

MEMO: : FOOD FOR VOLUNTEERS

C.

Full Name (Last, First, Middle Initial)  
Joshua Odonald

Mailing Address 862 North Road

City Hampden State ME Zip Code 04444-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6763

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

147.20

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

212.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Joshua Odonald

Mailing Address 862 North Road

City Hampden State ME Zip Code 04444-

Purpose of Disbursement  
ITEMIZE: Per Diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6764

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**

MEMO: : PER DIEM - NON  
ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Joshua Odonald

Mailing Address 862 North Road

City Hampden State ME Zip Code 04444-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6765

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

107.20

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURS-  
EMENT

**C.**

Full Name (Last, First, Middle Initial)  
Richard OLeary

Mailing Address 4 Andrews Ave. Apt. 1

City Falmouth State ME Zip Code 04105-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6855

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

100.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard OLeary	Transaction ID: 81202.E6766 Date of Disbursement MM / DD / YYYY 11 / 07 / 2008
	Mailing Address 4 Andrews Ave. Apt. 1	
	City Falmouth State ME Zip Code 04105-	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem - non allocable	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PER DIEM - NON ALLOCABLE
<b>B.</b>	Full Name (Last, First, Middle Initial) Olsen & Shuvalav	Transaction ID: 81202.E6570 Date of Disbursement MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 1609 Shoal Creek Blvd	
	City Austin State TX Zip Code 78701-	Amount of Each Disbursement this Period 19319.49
	Purpose of Disbursement direct mail	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MAIL
<b>C.</b>	Full Name (Last, First, Middle Initial) Olsen & Shuvalav	Transaction ID: 81202.E6618 Date of Disbursement MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 1609 Shoal Creek Blvd	
	City Austin State TX Zip Code 78701-	Amount of Each Disbursement this Period 24004.32
	Purpose of Disbursement direct mail expense	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MAIL EXPENSE

SUBTOTAL of Disbursements This Page (optional) .....

43363.81

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Olsen &amp; Shuvalav

Mailing Address 1609 Shoal Creek Blvd

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
direct mail exp

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6572

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period

53437.10

DIRECT MAIL EXP

B.

Full Name (Last, First, Middle Initial)

Olsen &amp; Shuvalav

Mailing Address 1609 Shoal Creek Blvd

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
direct mail exp

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6574

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

22749.23

DIRECT MAIL EXP

C.

Full Name (Last, First, Middle Initial)

Olsen &amp; Shuvalav

Mailing Address 1609 Shoal Creek Blvd

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
direct mail expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6647

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

35921.18

DIRECT MAIL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

112107.51

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) One Communications	<b>Transaction ID:</b> 81202.E6660 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1927	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	3	/	2	0	0	8												
City Albany State NY Zip Code 12201- Purpose of Disbursement Telephone and internet Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>4</td><td>4</td><td>9</td><td>.</td><td>2</td><td>0</td> </tr> </table>	1	4	4	9	.	2	0													
1	4	4	9	.	2	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type TELEPHONE AND INTERNET																				
<b>B.</b> Full Name (Last, First, Middle Initial) Orbitz for Business	<b>Transaction ID:</b> 81202.E6551 <b>Date of Disbursement</b>																				
Mailing Address 500 W. Madison Street 8th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	0	/	2	0	0	8												
City Chicago State IL Zip Code 60661- Purpose of Disbursement travel and lodging Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>1</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	4	1	5	0	0	.	0	0												
4	1	5	0	0	.	0	0														
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type TRAVEL AND LODGING																				
<b>C.</b> Full Name (Last, First, Middle Initial) Orbitz for Business	<b>Transaction ID:</b> 81202.E6595 <b>Date of Disbursement</b>																				
Mailing Address 500 W. Madison Street 8th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	3	/	2	0	0	8												
City Chicago State IL Zip Code 60661- Purpose of Disbursement travel & lodging Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	0	0	0	0	.	0	0												
2	0	0	0	0	.	0	0														
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type TRAVEL & LODGING																				

**SUBTOTAL** of Disbursements This Page (optional) .....

62949.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Lori Parenteau

Mailing Address 52 Pine Ridge Road

City North Yarmouth State ME Zip Code 04097-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6852

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

50.00

PER DIEM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)

Anita Peduzzi

Mailing Address 971B S Rolfe St

City Arlington State VA Zip Code 22201-

Purpose of Disbursement  
PER diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6879

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Peters

Mailing Address 95 Fair St

City Lisbon State ME Zip Code 04250-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6848

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

50.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Philbrook Jr	<b>Transaction ID:</b> 81202.E6767 <b>Date of Disbursement</b>
Mailing Address 18 American Way	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Alfred State ME Zip Code 04002-	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem - non allocable Candidate Name	<div>40.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PER DIEM - NON ALLOCABLE	
<b>B.</b> Full Name (Last, First, Middle Initial) Pine Tree Waste, Inc.	<b>Transaction ID:</b> 81202.E6661 <b>Date of Disbursement</b>
Mailing Address 31 Freedom Parkway	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Bangor State ME Zip Code 04401-	Amount of Each Disbursement this Period
Purpose of Disbursement Utilities - trash disposal Candidate Name	<div>156.33</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
UTILITIES - TRASH DISPOSAL	
<b>C.</b> Full Name (Last, First, Middle Initial) Marion Pitale	<b>Transaction ID:</b> 81202.E6846 <b>Date of Disbursement</b>
Mailing Address 425 Broadway St 711	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City South Portland State ME Zip Code 04106-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel - in state Candidate Name	<div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
TRAVEL - IN STATE	

**SUBTOTAL** of Disbursements This Page (optional) .....

**396.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Marion Pitale	<b>Transaction ID:</b> 81202.E6768 <b>Date of Disbursement</b>																				
Mailing Address 425 Broadway St 711	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	7	/	2	0	0	8												
City South Portland State ME Zip Code 04106- Purpose of Disbursement Per Diem - non allocable Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PER DIEM - NON ALLOCABLE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Pizza Hut	<b>Transaction ID:</b> 81202.E6623 <b>Date of Disbursement</b>																				
Mailing Address Forest Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	7	/	2	0	0	8												
City Portland State ME Zip Code 04101- Purpose of Disbursement food for volunteers Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD FOR VOLUNTEERS																				
<b>C.</b> Full Name (Last, First, Middle Initial) Pizza Hut	<b>Transaction ID:</b> 81202.E6631 <b>Date of Disbursement</b>																				
Mailing Address Forest Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	3	0	/	2	0	0	8												
City Portland State ME Zip Code 04101- Purpose of Disbursement food for volunteers Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>350.00</td> </tr> </table>	350.00																			
350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD FOR VOLUNTEERS																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Julia Pons

Mailing Address 2 Frederick Thompson Dr

City Scarborough State ME Zip Code 04074-

Purpose of Disbursement  
Per Diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6769

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

PER DIEM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City Rockport State ME Zip Code 04856-

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6533

Date of Disbursement

/   /

Amount of Each Disbursement this Period

945.58

PAYROLL - FEA

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City Rockport State ME Zip Code 04856-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

388.18

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1413.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Maine Turnpike Authority	<b>Transaction ID:</b> 81202.E6705 <b>Date of Disbursement</b>
Mailing Address      State Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0    2 0    2 0 0 8</div> </div>
City      State      Zip Code Augusta      ME      04330-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: tolls	<div> <div></div> <div>14.10</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	<b>[MEMO ITEM]</b> MEMO: : TOLLS
<b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Poulos	<b>Transaction ID:</b> 81202.E6704 <b>Date of Disbursement</b>
Mailing Address      10 Robinson Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0    2 0    2 0 0 8</div> </div>
City      State      Zip Code Rockport      ME      04856-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: mileage reimbursement	<div> <div></div> <div>304.46</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT
<b>C.</b> Full Name (Last, First, Middle Initial) Walmart	<b>Transaction ID:</b> 81202.E6706 <b>Date of Disbursement</b>
Mailing Address      100 Mount Auburn Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0    2 0    2 0 0 8</div> </div>
City      State      Zip Code Auburn      ME      04210-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: food for volunteers	<div> <div></div> <div>69.62</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City Rockport State ME Zip Code 04856-

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6731

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

771.67

**MILEAGE REIMBURSEMENT**

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City Rockport State ME Zip Code 04856-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6635

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

945.58

**PAYROLL - FEA**

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City Rockport State ME Zip Code 04856-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6663

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

945.57

**PARYOLL - FEA**

**SUBTOTAL** of Disbursements This Page (optional) .....

2662.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City State Zip Code  
Rockport ME 04856-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1212.94

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Enterprise Rentals

Mailing Address 270 Kennedy Memorail Drive

City State Zip Code  
Waterville ME 04901-

Purpose of Disbursement  
ITEMIZE: car rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

113.00

**[MEMO ITEM]**

MEMO: : CAR RENTAL

**C.**

Full Name (Last, First, Middle Initial)  
Maine Turnpike Authority

Mailing Address State Street

City State Zip Code  
Augusta ME 04330-

Purpose of Disbursement  
ITEMIZE: tolls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6840

Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.50

**[MEMO ITEM]**

MEMO: : TOLLS

**SUBTOTAL** of Disbursements This Page (optional) .....

1212.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin Poulos

Mailing Address 10 Robinson Drive

City State Zip Code  
Rockport ME 04856-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: 81202.E6838  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Prevost

Mailing Address 375 E. Bridge Street

City State Zip Code  
Westbrook ME 04092-

Purpose of Disbursement  
Payroll - FEA  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: 81017.E6534  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

PAYROLL - FEA

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Prevost

Mailing Address 375 E. Bridge Street

City State Zip Code  
Westbrook ME 04092-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: 81202.E6712  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Hannaford Super Market	<b>Transaction ID:</b> 81202.E6714 <b>Date of Disbursement</b>																				
Mailing Address 295 Forest Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Portland State ME Zip Code 04101-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<table border="1"> <tr> <td colspan="10">123.92</td> </tr> </table>	123.92																			
123.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS																				
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Prevost	<b>Transaction ID:</b> 81202.E6713 <b>Date of Disbursement</b>																				
Mailing Address 375 E. Bridge Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Westbrook State ME Zip Code 04092-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: mileage reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">103.20</td> </tr> </table>	103.20																			
103.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT																				
<b>C.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> 81202.E6715 <b>Date of Disbursement</b>																				
Mailing Address 775 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Westbrook State ME Zip Code 04092-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: postage Candidate Name	<table border="1"> <tr> <td colspan="10">42.05</td> </tr> </table>	42.05																			
42.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : POSTAGE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Prevost

Mailing Address 375 E. Bridge Street

City Westbrook State ME Zip Code 04092-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6737

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

970.69

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Chilis Restaurant

Mailing Address 638 Stillwater Ave

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6740

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

209.00

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
City of Portland

Mailing Address 196 Lancaster Street

City Portland State ME Zip Code 04101-

Purpose of Disbursement  
ITEMIZE: parking fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6739

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

120.00

**[MEMO ITEM]**

MEMO: : PARKING FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

970.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Dunkin Donuts

Mailing Address 16 Bridgeton Street

City State Zip Code  
Westbrook ME 04092-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6744

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

27.37

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
Geards Pizza

Mailing Address 412 Water Street

City State Zip Code  
Gardiner ME 04345-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6743

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Hannaford Super Market

Mailing Address 295 Forest Avenue

City State Zip Code  
Portland ME 04101-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6741

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

60.52

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Isamax Snacks	<b>Transaction ID:</b> 81202.E6742 <b>Date of Disbursement</b>
Mailing Address 1 Commonwealth Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code Gardiner ME 04345-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<div> <div></div> <div>4.20</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Prevost	<b>Transaction ID:</b> 81202.E6738 <b>Date of Disbursement</b>
Mailing Address 375 E. Bridge Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code Westbrook ME 04092-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement ITEMIZE: mileage reimbursement Candidate Name	<div> <div></div> <div>499.60</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Prevost	<b>Transaction ID:</b> 81202.E6636 <b>Date of Disbursement</b>
Mailing Address 375 E. Bridge Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Westbrook ME 04092-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll - fea Candidate Name	<div> <div></div> <div>953.46</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL - FEA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**953.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Joseph Prevost	<b>Transaction ID:</b> 81202.E6841 <b>Date of Disbursement</b>																				
Mailing Address 375 E. Bridge Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	8												
City Westbrook State ME Zip Code 04092-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement mileage reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">50.29</td> </tr> </table>	50.29																			
50.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>MILEAGE REIMBURSEMENT</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Prevost	<b>Transaction ID:</b> 81202.E6664 <b>Date of Disbursement</b>																				
Mailing Address 375 E. Bridge Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	4		2	0	0	8												
City Westbrook State ME Zip Code 04092-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll - fea Candidate Name	<table border="1"> <tr> <td colspan="10">953.44</td> </tr> </table>	953.44																			
953.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>PAYROLL - FEA</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) PrimeSigns	<b>Transaction ID:</b> 81202.E6553 <b>Date of Disbursement</b>																				
Mailing Address 925 University Ave #B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
City Sacramento State CA Zip Code 95825-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement campaign materials Candidate Name	<table border="1"> <tr> <td colspan="10">10091.00</td> </tr> </table>	10091.00																			
10091.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>CAMPAIGN MATERIALS</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**11094.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Michael Quatrano

Mailing Address 50 Webbs Mills Rd

City Casco State ME Zip Code 04015-4118

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6540

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

932.58

PAYROLL - FEA

**B.**

Full Name (Last, First, Middle Initial)

Michael Quatrano

Mailing Address 50 Webbs Mills Rd

City Casco State ME Zip Code 04015-4118

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6702

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

183.20

MILEAGE REIMBURSEMENT

**C.**

Full Name (Last, First, Middle Initial)

Michael Quatrano

Mailing Address 50 Webbs Mills Rd

City Casco State ME Zip Code 04015-4118

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6730

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

396.80

MILEAGE REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

1512.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Michael Quatrano

Mailing Address 50 Webbs Mills Rd

City Casco State ME Zip Code 04015-4118

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6642

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

932.58

PAYROLL - FEA

**B.**

Full Name (Last, First, Middle Initial)  
Michael Quatrano

Mailing Address 50 Webbs Mills Rd

City Casco State ME Zip Code 04015-4118

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6813

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

212.00

MILEAGE REIMBURSEMENT

**C.**

Full Name (Last, First, Middle Initial)  
Michael Quatrano

Mailing Address 50 Webbs Mills Rd

City Casco State ME Zip Code 04015-4118

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6670

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

932.58

PAYROLL - FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

2077.16

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Sharon Rafferty Roy

Mailing Address 13 Sanborn Street

City South Portland State ME Zip Code 04106-

Purpose of Disbursement

Travel - in state

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6845

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

50.00

TRAVEL - IN STATE

**B.**

Full Name (Last, First, Middle Initial)  
Restoration Resources

Mailing Address PO Box 525  
167 Dock Road

City Alna State ME Zip Code 04535-

Purpose of Disbursement

convention exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6565

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

4356.89

CONVENTION EXP

**C.**

Full Name (Last, First, Middle Initial)  
Restoration Resources

Mailing Address PO Box 525  
167 Dock Road

City Alna State ME Zip Code 04535-

Purpose of Disbursement

stakes and signs for Collins

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6581

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

2647.76

STAKES AND SIGNS FOR COLLINS

**SUBTOTAL** of Disbursements This Page (optional) .....

7054.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Rite Aid

Mailing Address 2007 N. Belfast Avenue

City Augusta State ME Zip Code 04330-

Purpose of Disbursement  
credit card fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6894

Date of Disbursement

/   /

Amount of Each Disbursement this Period

659.00

CREDIT CARD FEES

**B.**

Full Name (Last, First, Middle Initial)  
David Robertiello

Mailing Address 824 Stevens AV 104

City Portland State ME Zip Code 04103-2663

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6770

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

PER DIEM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Christine Rossini

Mailing Address 2122 Washington St

City Holliston State MA Zip Code 01746-

Purpose of Disbursement  
Per Diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6771

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

739.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
William Rowell Family

Mailing Address 122 Codman Street

City Portland State ME Zip Code 04103-

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6657

Date of Disbursement

/   /

Amount of Each Disbursement this Period

RENT

**B.**

Full Name (Last, First, Middle Initial)  
Philip Roy

Mailing Address 4 Valley Farms Road

City Fairfield State ME Zip Code 04937-

Purpose of Disbursement  
Per Deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6865

Date of Disbursement

/   /

Amount of Each Disbursement this Period

PER DEIM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6552

Date of Disbursement

/   /

Amount of Each Disbursement this Period

WIRE TRANSFER FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

**2407.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6608

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEE

**B.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6554

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

6.00

WIRE TRANSFER FEE

**C.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6557

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

21.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Savings Bank of Maine <hr/> Mailing Address      P. O. Box 190 <hr/> <div style="display: flex; justify-content: space-between;"> <span>City Gardiner</span> <span>State ME</span> <span>Zip Code 04345-</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;">                 Purpose of Disbursement wire transfer fees  <hr/>                 Candidate Name             </div> <div style="width: 10%; border: 1px solid black; text-align: center;">                 Category/ Type             </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                 Office Sought:  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President                   State:                  District:             </div> <div style="width: 65%;">                 Disbursement For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼             </div> </div>	<b>Transaction ID:</b> 81202.E6571 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div>M / D / Y 10 / 24 / 2008</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: right; padding-right: 20px;">7.50</div> <hr/> <b>WIRE TRANSFER FEES</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Savings Bank of Maine <hr/> Mailing Address      P. O. Box 190 <hr/> <div style="display: flex; justify-content: space-between;"> <span>City Gardiner</span> <span>State ME</span> <span>Zip Code 04345-</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;">                 Purpose of Disbursement payroll taxes - 941  <hr/>                 Candidate Name             </div> <div style="width: 10%; border: 1px solid black; text-align: center;">                 Category/ Type             </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                 Office Sought:  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President                   State:                  District:             </div> <div style="width: 65%;">                 Disbursement For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼             </div> </div>	<b>Transaction ID:</b> 81202.E6616 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div>M / D / Y 10 / 24 / 2008</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: right; padding-right: 20px;">109.28</div> <hr/> <b>PAYROLL TAXES - 941</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Savings Bank of Maine <hr/> Mailing Address      P. O. Box 190 <hr/> <div style="display: flex; justify-content: space-between;"> <span>City Gardiner</span> <span>State ME</span> <span>Zip Code 04345-</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;">                 Purpose of Disbursement wire transfer fee  <hr/>                 Candidate Name             </div> <div style="width: 10%; border: 1px solid black; text-align: center;">                 Category/ Type             </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                 Office Sought:  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President                   State:                  District:             </div> <div style="width: 65%;">                 Disbursement For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼             </div> </div>	<b>Transaction ID:</b> 81202.E6619 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div>M / D / Y 10 / 24 / 2008</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: right; padding-right: 20px;">7.50</div> <hr/> <b>WIRE TRANSFER FEE</b>
<div style="display: flex; justify-content: space-between;"> <div> <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶                         </div> <div style="border: 1px solid black; width: 150px; text-align: right; padding: 5px;"><b>124.28</b></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶                         </div> <div style="border: 1px solid black; width: 150px; height: 30px;"></div> </div>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
payroll taxes - FUTA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6615

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

281.26

PAYROLL TAXES - FUTA

**B.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6622

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

15.00

WIRE TRANSFER FEE

**C.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6573

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

303.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6577

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEES

**B.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6575

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEES

**C.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6587

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

22.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6589

Date of Disbursement

/   /

Amount of Each Disbursement this Period

WIRE TRANSFER FEE

**B.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6648

Date of Disbursement

/   /

Amount of Each Disbursement this Period

WIRE TRANSFER FEE

**C.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6649

Date of Disbursement

/   /

Amount of Each Disbursement this Period

WIRE TRANSFER FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

**22.50**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
bank service charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6653

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

14.70

**BANK SERVICE CHARGES**

**B.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire trans fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6592

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

6.00

**WIRE TRANS FEE**

**C.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City Gardiner State ME Zip Code 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6590

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

15.00

**WIRE TRANSFER FEE**

**SUBTOTAL** of Disbursements This Page (optional) .....

35.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party**A.**Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-Purpose of Disbursement  
wire trans fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6593

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Amount of Each Disbursement this Period

6.00

WIRE TRANS FEE

**B.**Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-Purpose of Disbursement  
payroll tax deposit - 941

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6646

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Amount of Each Disbursement this Period

10883.28

PAYROLL TAX DEPOSIT - 941

**C.**Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

Amount of Each Disbursement this Period

7.50

WIRE TRANSFER FEE

SUBTOTAL of Disbursements This Page (optional) .....

10896.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Savings Bank of Maine Mailing Address P. O. Box 190	<b>Transaction ID:</b> 81202.E6656 <b>Date of Disbursement</b> <div> <div>11</div> <div>04</div> <div>2008</div> </div>
City Gardiner State ME Zip Code 04345- Purpose of Disbursement wire transfer fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7.50</div> WIRE TRANSFER FEE
<b>B.</b> Full Name (Last, First, Middle Initial) Savings Bank of Maine Mailing Address P. O. Box 190 City Gardiner State ME Zip Code 04345- Purpose of Disbursement payroll taxes - FUTA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6675 <b>Date of Disbursement</b> <div> <div>11</div> <div>14</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>33.86</div> PAYROLL TAXES - FUTA
<b>C.</b> Full Name (Last, First, Middle Initial) Savings Bank of Maine Mailing Address P. O. Box 190 City Gardiner State ME Zip Code 04345- Purpose of Disbursement payroll taxes - 941 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6674 <b>Date of Disbursement</b> <div> <div>11</div> <div>14</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>3553.30</div> PAYROLL TAXES - 941

**SUBTOTAL** of Disbursements This Page (optional) .....

**3594.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code  
Gardiner ME 04345-

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

WIRE TRANSFER FEE

**B.**

Full Name (Last, First, Middle Initial)  
John Sawyer

Mailing Address 4604 W. Saguard Cliffs

City State Zip Code  
Tucson AZ 85745-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6772

Date of Disbursement

/   /

Amount of Each Disbursement this Period

REIMBURSEMENT: SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)  
John Sawyer

Mailing Address 4604 W. Saguard Cliffs

City State Zip Code  
Tucson AZ 85745-

Purpose of Disbursement  
ITEMIZE: per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6773

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

MEMO: : PER DIEM - NON  
ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

**86.78**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
John Sawyer

Mailing Address 4604 W. Saguard Cliffs

City Tucson State AZ Zip Code 85745-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: 81202.E6774  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.28

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**B.**

Full Name (Last, First, Middle Initial)  
John Sawyer

Mailing Address 70 Pinewoods Road

City Lisbon State ME Zip Code 04250-

Purpose of Disbursement  
Per diem - non allocable  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: 81202.E6850  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

PER DIEM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Scientific Marketing & Analysis

Mailing Address 75 Haskell Point Road

City Tenants Harbor State ME Zip Code 04860-

Purpose of Disbursement  
trend analysis  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: 81202.E6582  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

TREND ANALYSIS

**SUBTOTAL** of Disbursements This Page (optional) .....

4100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Matthew Shannon

Mailing Address 34 Highland Ave

City Lincoln State ME Zip Code 04457-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6775  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

147.20

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Shannon

Mailing Address 34 Highland Ave

City Lincoln State ME Zip Code 04457-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6777  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

107.20

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Shannon

Mailing Address 34 Highland Ave

City Lincoln State ME Zip Code 04457-

Purpose of Disbursement  
ITEMIZE: per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6776  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**

MEMO: : PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

147.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Meghan Simonds

Mailing Address 1515 S Jefferson Davis Hwy Apt 120

City State Zip Code  
Arlington VA 22202-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Simones Hot Dog Stand

Mailing Address 99 Chestnut Street

City State Zip Code  
Lewiston ID 04240-

Purpose of Disbursement  
food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6630

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City State Zip Code  
Greene ME 04236-

Purpose of Disbursement  
Payroll - FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6538

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1036.71

PAYROLL - FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

1436.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City Greene State ME Zip Code 04236-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6690

Date of Disbursement

/   /

Amount of Each Disbursement this Period

135.46

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City Greene State ME Zip Code 04236-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6691

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.28

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**C.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 855 Lisbon Street

City Lewiston State ID Zip Code 04240-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6693

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.73

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

135.46

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Walmart

Mailing Address 100 Mount Auburn Ave

City Auburn State ME Zip Code 04210-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6692

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

94.45

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City Greene State ME Zip Code 04236-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6732

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

459.06

REIMBURSEMENT: SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City Greene State ME Zip Code 04236-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6733

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

110.40

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

459.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 49 Ash Street</p> <p>City Lewiston State ID Zip Code 04240-</p> <p>Purpose of Disbursement ITEMIZE: postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6734</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 14.51</p> <p><b>[MEMO ITEM]</b> MEMO: : POSTAGE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 352 Center Street</p> <p>City Auburn State ME Zip Code 04210-</p> <p>Purpose of Disbursement ITEMIZE: telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6736</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 235.00</p> <p><b>[MEMO ITEM]</b> MEMO: : TELEPHONE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address 100 Mount Auburn Ave</p> <p>City Auburn State ME Zip Code 04210-</p> <p>Purpose of Disbursement ITEMIZE: food for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6735</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 99.15</p> <p><b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City Greene State ME Zip Code 04236-

Purpose of Disbursement  
payroll - fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6640

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1450.04

PAYROLL - FEA

**B.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City Greene State ME Zip Code 04236-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6809

Date of Disbursement

11 / 10 / 2008

Amount of Each Disbursement this Period

218.47

REIMBURSEMENT: SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)  
Shaws Shaws

Mailing Address 27 East Avenue

City Lewiston State ME Zip Code 04240-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6812

Date of Disbursement

11 / 10 / 2008

Amount of Each Disbursement this Period

23.60

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**SUBTOTAL** of Disbursements This Page (optional) .....

1668.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City State Zip Code  
Greene ME 04236-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6810  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.95

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**B.**

Full Name (Last, First, Middle Initial)  
Walmart

Mailing Address 100 Mount Auburn Ave

City State Zip Code  
Auburn ME 04210-

Purpose of Disbursement  
ITEMIZE: food for volunteers  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6811  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

153.92

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Melissa Simones

Mailing Address 53 Buffie Lane

City State Zip Code  
Greene ME 04236-

Purpose of Disbursement  
payroll - fea  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6668  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

1036.69

PAYROLL - FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

1036.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Nicholas Smalley

Mailing Address 380 College Ave

City State Zip Code  
Orono ME 04473-

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6782  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

86.96

MILEAGE REIMBURSEMENT

**B.**

Full Name (Last, First, Middle Initial)  
Southwest Publishing

Mailing Address 2600 NW Topeka Blvd

City State Zip Code  
Topeka KS 66617-

Purpose of Disbursement  
direct mail expense  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6567  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

4101.26

DIRECT MAIL EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Southwest Publishing

Mailing Address 2600 NW Topeka Blvd

City State Zip Code  
Topeka KS 66617-

Purpose of Disbursement  
direct mail exp  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6583  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

1176.18

DIRECT MAIL EXP

**SUBTOTAL** of Disbursements This Page (optional) .....

5364.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Shaw Sprague

Mailing Address 12201 St Peter Ct

City  
Germantown

State  
MD

Zip Code  
20874-

Purpose of Disbursement  
per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6884

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

B.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address P. O. Box 8077

City  
London

State  
KY

Zip Code  
40742-

Purpose of Disbursement  
Utilities - telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6612

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

2667.16

UTILITIES - TELEPHONE

C.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address P. O. Box 8077

City  
London

State  
KY

Zip Code  
40742-

Purpose of Disbursement  
Utilities - telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6680

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

1135.91

UTILITIES - TELEPHONE

SUBTOTAL of Disbursements This Page (optional) .....

4053.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) . Staples	<b>Transaction ID:</b> 81202.E6613 <b>Date of Disbursement</b>																				
Mailing Address PO Box 689020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Des Moines State IA Zip Code 50368-9020	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement office supplies Candidate Name	<table border="1"> <tr> <td>5</td><td>6</td><td>8</td><td>1</td><td>.</td><td>2</td><td>9</td> </tr> </table>	5	6	8	1	.	2	9													
5	6	8	1	.	2	9															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>OFFICE SUPPLIES</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) . Staples	<b>Transaction ID:</b> 81202.E6681																				
Mailing Address PO Box 689020	<b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Des Moines State IA Zip Code 50368-9020	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement office supplies Candidate Name	<table border="1"> <tr> <td>2</td><td>5</td><td>5</td><td>2</td><td>.</td><td>6</td><td>3</td> </tr> </table>	2	5	5	2	.	6	3													
2	5	5	2	.	6	3															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>OFFICE SUPPLIES</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Brown Direct Mail, Inc.	<b>Transaction ID:</b> 81202.E6568																				
Mailing Address 731 Divot Drive	<b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Fernley State NV Zip Code 89408-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement direct mail Candidate Name	<table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	5	0	0	.	0	0														
5	0	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>DIRECT MAIL</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8733.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Stevens Reed Curico & Company

Mailing Address 305 Cameron Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
fundraising exp  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6586

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

FUNDRAISING EXP

**B.**

Full Name (Last, First, Middle Initial)  
Stevens Reed Curico & Company

Mailing Address 305 Cameron Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
fundraising exp  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6588

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

FUNDRAISING EXP

**C.**

Full Name (Last, First, Middle Initial)  
Stevens Reed Curico & Company

Mailing Address 305 Cameron Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
fundraising exp  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6591

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

5000.00

FUNDRAISING EXP

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Jon Stewart

Mailing Address 219 Hinckly Hill Road

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6857

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

50.00

PER DIEM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Jacob Stoddard

Mailing Address 44 Webster Rd

City Buxton State ME Zip Code 04093-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6778

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

80.00

PER DIEM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)  
Jake Stoddard

Mailing Address 44 Webster Road

City Buxton State ME Zip Code 04093-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6853

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

200.00

PER DEIM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Peter Stone

Mailing Address 12 Harrison Circle

City State Zip Code  
Auburn ME 04210-

Purpose of Disbursement  
Per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6849

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

100.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Stoneridge Group, LL

Mailing Address 554 West Main St  
Building A Suite 200

City State Zip Code  
Buford GA 30518-

Purpose of Disbursement  
shipping charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6607

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1595.00

SHIPPING CHARGES

**C.**

Full Name (Last, First, Middle Initial)  
Robert Strayer

Mailing Address 400 Mass Ave #822

City State Zip Code  
Washington DC 20001-

Purpose of Disbursement  
per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6890

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

325.00

PER DEIM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

2020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Strayer	<b>Transaction ID:</b> 81202.E6872 <b>Date of Disbursement</b>
Mailing Address 400 Mass Ave #822	<div> <div>10</div> <div>29</div> <div>2008</div> </div>
City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period
Purpose of Disbursement Per deim - non allocable	<div>250.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PER DEIM - NON ALLOCABLE	
<b>B.</b> Full Name (Last, First, Middle Initial) Sean Sullivan	<b>Transaction ID:</b> 81202.E6779 <b>Date of Disbursement</b>
Mailing Address 205 Main Street	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Orono State ME Zip Code 04473-	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem - non allocable	<div>40.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PER DIEM - NON ALLOCABLE	
<b>C.</b> Full Name (Last, First, Middle Initial) Ian Swanberg	<b>Transaction ID:</b> 81202.E6880 <b>Date of Disbursement</b>
Mailing Address 1245 4th St SW	<div> <div>10</div> <div>29</div> <div>2008</div> </div>
City Arlington State VA Zip Code 22204-	Amount of Each Disbursement this Period
Purpose of Disbursement per deim - non allocable	<div>250.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PER DEIM - NON ALLOCABLE	

**SUBTOTAL** of Disbursements This Page (optional) .....

**540.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Robyn Swift

Mailing Address 4029 Beeches St NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6881

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Time Warner Cable

Mailing Address PO Box 9148

City Chelsea State MA Zip Code 02150-9148

Purpose of Disbursement  
Utilities - cable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6569

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

62.87

UTILITIES - CABLE

**C.**

Full Name (Last, First, Middle Initial)  
Time Warner Cable

Mailing Address PO Box 9148

City Chelsea State MA Zip Code 02150-9148

Purpose of Disbursement  
utilities - cable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6677

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

288.35

UTILITIES - CABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

601.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Treasurer State of Maine

Mailing Address State Offices

City Augusta State ME Zip Code 04333-

Purpose of Disbursement  
payroll taxes - SIT & Mesc

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6617

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

3671.62

PAYROLL TAXES - SIT & MESC

**B.**

Full Name (Last, First, Middle Initial)  
Treasurer State of Maine

Mailing Address State Offices

City Augusta State ME Zip Code 04333-

Purpose of Disbursement  
payroll taxes - MESC & SIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6676

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

771.52

PAYROLL TAXES - MESC & SIT

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Walker

Mailing Address 8419 Rainbow Bridge Lane

City Springfield State VA Zip Code 22153-

Purpose of Disbursement  
per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6893

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

500.00

PER DEIM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

4943.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Matthew Walker

Mailing Address 8419 Rainbow Bridge Lane

City Springfield State VA Zip Code 22153-

Purpose of Disbursement  
per deim - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6892

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

325.00

PER DEIM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)  
Jennifer Webber

Mailing Address 8 Plymouth Road

City South Portland State ME Zip Code 04106-

Purpose of Disbursement  
Consulting - non event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E6544

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

CONSULTING - NON EVENT

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Webber

Mailing Address 8 Plymouth Road

City South Portland State ME Zip Code 04106-

Purpose of Disbursement  
campaign consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6628

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

CAMPAIGN CONSULTANT

**SUBTOTAL** of Disbursements This Page (optional) .....

4325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Jennifer Webber

Mailing Address 8 Plymouth Road

City South Portland State ME Zip Code 04106-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6783

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2554.75

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Fairfield Inn

Mailing Address 300 Odlin Road

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

148.73

**[MEMO ITEM]**

MEMO: : LODGING

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Webber

Mailing Address 8 Plymouth Road

City South Portland State ME Zip Code 04106-

Purpose of Disbursement  
ITEMIZE: mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6785

Date of Disbursement

/   /

Amount of Each Disbursement this Period

406.02

**[MEMO ITEM]**

MEMO: : MILEAGE REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

2554.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Jennifer Webber

Mailing Address 8 Plymouth Road

City South Portland State ME Zip Code 04106-

Purpose of Disbursement  
ITEMIZE: Consulting - campaign

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6784

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

2000.00

**[MEMO ITEM]**

MEMO: : CONSULTING - CAM-  
PAIGN

**B.**

Full Name (Last, First, Middle Initial)  
Jennifer Webber

Mailing Address 8 Plymouth Road

City South Portland State ME Zip Code 04106-

Purpose of Disbursement  
Campaign consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6689

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

2000.00

CAMPAIGN CONSULTING

**C.**

Full Name (Last, First, Middle Initial)  
Lorraine Wilcox

Mailing Address 1304 Main St

City Corinth State ME Zip Code 04427-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6858

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

100.00

PER DIEM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Lois Wills

Mailing Address 120 Lisbon Road

City  
Lisbon

State  
ME

Zip Code  
04250-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6847

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

50.00

PER DIEM - NON ALLOCABLE

**B.**

Full Name (Last, First, Middle Initial)

Shelly Wirth

Mailing Address PO Box 2124

City  
Medway

State  
ME

Zip Code  
04460-

Purpose of Disbursement  
Per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6863

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

350.00

PER DIEM - NON ALLOCABLE

**C.**

Full Name (Last, First, Middle Initial)

Amanda Wood

Mailing Address 713N Oakland St

City  
Arlington

State  
VA

Zip Code  
22201-

Purpose of Disbursement  
per diem - non allocable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6882

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

250.00

PER DEIM - NON ALLOCABLE

**SUBTOTAL** of Disbursements This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Amanda Wood <hr/> Mailing Address 713N Oakland St <hr/> City Arlington State VA Zip Code 22201- <hr/> Purpose of Disbursement per deim - non allocable Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6891 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">525.00</div> <hr/> Category/ Type <div style="border: 1px solid black; padding: 5px; text-align: center;">PER DEIM - NON ALLOCABLE</div>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Worcester <hr/> Mailing Address 33 Duane Drive <hr/> City Liberty State ME Zip Code 04949- <hr/> Purpose of Disbursement Payroll - FEA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81017.E6532 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1240.64</div> <hr/> Category/ Type <div style="border: 1px solid black; padding: 5px; text-align: center;">PAYROLL - FEA</div>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Worcester <hr/> Mailing Address 33 Duane Drive <hr/> City Liberty State ME Zip Code 04949- <hr/> Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E6716 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2985.40</div> <hr/> Category/ Type <div style="border: 1px solid black; padding: 5px; text-align: center;">REIMBURSEMENT: SEE BELOW</div>																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**4751.04**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Amatos Pizza

Mailing Address 657 Boradway

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6721

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

526.14

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
Hannaford

Mailing Address 653 Broadway

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6722

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

51.41

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Home Depot

Mailing Address 650 Stillwater Ave

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6723

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

39.89

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Lowes	Transaction ID: 81202.E6726 Date of Disbursement 10 / 20 / 2008
	Mailing Address 135 Maysville Street	
	City Presque Isle State ME Zip Code 04769-	Amount of Each Disbursement this Period 315.47
	Purpose of Disbursement ITEMIZE: office supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES
<b>B.</b>	Full Name (Last, First, Middle Initial) Northeastland Hotel	Transaction ID: 81202.E6720 Date of Disbursement 10 / 20 / 2008
	Mailing Address 463 Main street	
	City Presque Isle State ME Zip Code 04769-	Amount of Each Disbursement this Period 203.30
	Purpose of Disbursement ITEMIZE: travel in state	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: : TRAVEL IN STATE
<b>C.</b>	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 81202.E6728 Date of Disbursement 10 / 20 / 2008
	Mailing Address 482 Stillwater Ave	
	City Bangor State ME Zip Code 04401-3551	Amount of Each Disbursement this Period 362.22
	Purpose of Disbursement ITEMIZE: office supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sams Club</p> <hr/> <p>Mailing Address 47 Haskell Road Bangor</p> <hr/> <p>City Bangor State ME Zip Code 04401-</p> <hr/> <p>Purpose of Disbursement ITEMIZE: food for volunteers</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6727</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>20</div> <div>2008</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>157.33</div> </p> <hr/> <p><b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Stamps.Com</p> <hr/> <p>Mailing Address 12959 Coral Tree Place</p> <hr/> <p>City Los Angeles State CA Zip Code 90066-</p> <hr/> <p>Purpose of Disbursement ITEMIZE: postage</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6718</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>20</div> <div>2008</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>700.00</div> </p> <hr/> <p><b>[MEMO ITEM]</b> MEMO: : POSTAGE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <hr/> <p>Mailing Address 830 Main Street</p> <hr/> <p>City Presque Isle State ME Zip Code 04769-</p> <hr/> <p>Purpose of Disbursement ITEMIZE: office supplies</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81202.E6725</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>20</div> <div>2008</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>3.59</div> </p> <hr/> <p><b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> 81202.E6719 <b>Date of Disbursement</b>																				
Mailing Address 180 Bangor Mall Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Bangor State ME Zip Code 04401-3632	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>83.43</td> </tr> </table>	83.43																			
83.43																					
Purpose of Disbursement ITEMIZE: office supplies Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: : OFFICE SUPPLIES																					
<b>B.</b> Full Name (Last, First, Middle Initial) Walmart	<b>Transaction ID:</b> 81202.E6724 <b>Date of Disbursement</b>																				
Mailing Address Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Presque Isle State ME Zip Code 04769-	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>126.02</td> </tr> </table>	126.02																			
126.02																					
Purpose of Disbursement ITEMIZE: food for volunteers Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: : FOOD FOR VOLUNTEERS																					
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Worcester	<b>Transaction ID:</b> 81202.E6717 <b>Date of Disbursement</b>																				
Mailing Address 33 Duane Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Liberty State ME Zip Code 04949-	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>310.80</td> </tr> </table>	310.80																			
310.80																					
Purpose of Disbursement ITEMIZE: mileage reimbursement Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: : MILEAGE REIMBURSEMENT																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 164

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Worcester

Mailing Address 33 Duane Drive

City State Zip Code  
Liberty ME 04949-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6745

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1564.94

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Bugaboo Creek

Mailing Address 24 Bangor Mall Road

City State Zip Code  
Bangor ME 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.10

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Dairy Queen

Mailing Address 666 Broadway

City State Zip Code  
Bangor ME 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.15

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**SUBTOTAL** of Disbursements This Page (optional) .....

1564.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Family Dollar

Mailing Address 38 School Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6750

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

13.76

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**B.**

Full Name (Last, First, Middle Initial)  
Gritty McDuffs

Mailing Address 68 Main Street

City Auburn State ME Zip Code 04210-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6749

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

120.41

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Papa Gambinos, Inc.

Mailing Address 271 State Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6748

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

40.77

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Sams Club

Mailing Address 47 Haskell Road  
Bangor

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6752

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

179.37

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
Stamps.Com

Mailing Address 12959 Coral Tree Place

City Los Angeles State CA Zip Code 90066-

Purpose of Disbursement  
ITEMIZE: postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6747

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

980.95

**[MEMO ITEM]**

MEMO: : POSTAGE

**C.**

Full Name (Last, First, Middle Initial)  
Walmart

Mailing Address Springer Drive

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81202.E6751

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

57.23

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Maine Republican Party

MEMO: : MILEAGE REIMBURSEMENT

PAYROLL - FEA

PARYOLL - FEA

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Worcester

Mailing Address 33 Duane Drive

City State Zip Code  
Liberty ME 04949-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6814

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3168.84

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Amatos Pizza

Mailing Address 657 Boradway

City State Zip Code  
Bangor ME 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
Aquatic Technology Inc.

Mailing Address Duane Drive  
P.O. Box 131

City State Zip Code  
Liberty ME 04949-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81202.E6815

Date of Disbursement

/   /

Amount of Each Disbursement this Period

254.60

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

3168.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Bagel Central

Mailing Address 33 Central Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6824

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

104.48

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)

Bugaboo Creek

Mailing Address 24 Bangor Mall Road

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6825

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

125.26

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)

Enterprise Rent A Car

Mailing Address 1105 Hammond Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: travel - car rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6823

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

1234.09

**[MEMO ITEM]**

MEMO: : TRAVEL - CAR RENTAL

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Hannafor

Mailing Address 653 Broadway

City State Zip Code  
Bangor ME 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6822

Date of Disbursement

/   /

Amount of Each Disbursement this Period

178.62

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
Home Depot

Mailing Address 650 Stillwater Ave

City State Zip Code  
Bangor ME 04401-

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.66

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Center

Mailing Address 126 Western Ave

City State Zip Code  
Augusta ME 04330-

Purpose of Disbursement  
ITEMIZE: postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81202.E6828

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.27

**[MEMO ITEM]**

MEMO: : POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Miguels	<b>Transaction ID:</b> 81202.E6817 <b>Date of Disbursement</b>																				
Mailing Address 697 Hogal Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Bangor State ME Zip Code 04401-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: food for volunteers	<table border="1"> <tr> <td colspan="10">288.69</td> </tr> </table>	288.69																			
288.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Newport Mobil	<b>Transaction ID:</b> 81202.E6829 <b>Date of Disbursement</b>																				
Mailing Address 3 Moosehead Trail	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Newport State ME Zip Code 04953-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: gas	<table border="1"> <tr> <td colspan="10">81.41</td> </tr> </table>	81.41																			
81.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> 81202.E6821 <b>Date of Disbursement</b>																				
Mailing Address 482 Stillwater Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Bangor State ME Zip Code 04401-3551	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ITEMIZE: office supplies	<table border="1"> <tr> <td colspan="10">36.74</td> </tr> </table>	36.74																			
36.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**[MEMO ITEM]**

MEMO: : GAS

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maine Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Papa Gambinos, Inc.

Mailing Address 271 State Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6826

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

132.77

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**B.**

Full Name (Last, First, Middle Initial)  
Sea Dog Brewing

Mailing Address 26 Front Street

City Bangor State ME Zip Code 04401-

Purpose of Disbursement  
ITEMIZE: food for volunteers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6820

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

55.80

**[MEMO ITEM]**

MEMO: : FOOD FOR VOLUNTEERS

**C.**

Full Name (Last, First, Middle Initial)  
. Staples

Mailing Address 180 Bangor Mall Blvd

City Bangor State ME Zip Code 04401-3632

Purpose of Disbursement  
ITEMIZE: office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6816

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

193.89

**[MEMO ITEM]**

MEMO: : OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 164

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Uhaul

Mailing Address 47 Western Ave

City  
Augusta

State  
ME

Zip Code  
04330-

Purpose of Disbursement  
ITEMIZE: moving expense for office

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.56

**[MEMO ITEM]**

MEMO: : MOVING EXPENSE  
FOR OFFICE

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

431134.89



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 164

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mississippi Republican Party

Mailing Address PO Box 60

City  
Jackson

State  
MS

Zip Code  
39205-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 81202.E6555

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

15000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 154 / 164

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Maine Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
StaplesNature of Debt (Purpose):  
Office Supplies

Mailing Address I-95 &amp; Civic Center Blvd.

City State ZIP Code  
Augusta ME 04330-

Outstanding Balance Beginning This Period

146.49

Transaction ID: LS70127.E5098

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

146.49

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CTI CommunicationNature of Debt (Purpose):  
Phone Equipment

Mailing Address 202 Warren Ave Suite 300/400

City State ZIP Code  
Portland ME 04103-

Outstanding Balance Beginning This Period

1427.39

Transaction ID: LS70127.E5086

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1427.39

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
City of AugustaNature of Debt (Purpose):  
Adjustment to bill

Mailing Address 16 Cony St

City State ZIP Code  
Augusta ME 04330-5200

Outstanding Balance Beginning This Period

2905.54

Transaction ID: LS70127.E5085

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2905.54

**1) SUBTOTALS** This Period This Page (optional).....

4479.42

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 155 / 164

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Maine Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Albisons PrintingNature of Debt (Purpose):  
Printing for Chairmans Re-  
ception

Mailing Address 124 Riverside Dr

City State ZIP Code  
Augusta ME 04330-4384

Outstanding Balance Beginning This Period

103.75

Transaction ID: LS70428.E5222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

103.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS ConnectNature of Debt (Purpose):  
Telemarketing ExpenseMailing Address 2401 W Behrend Dr Ste 7  
Suite 7City State ZIP Code  
Phoenix AZ 85027-4143

Outstanding Balance Beginning This Period

3057.10

Transaction ID: LS70127.E5105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3057.10

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS ConnectNature of Debt (Purpose):  
TelemarketingMailing Address 2401 W Behrend Dr Ste 7  
Suite 7City State ZIP Code  
Phoenix AZ 85027-4143

Outstanding Balance Beginning This Period

4314.60

Transaction ID: LS80129.E5665

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4314.60

**1) SUBTOTALS** This Period This Page (optional).....

7475.45

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 156 / 164

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Maine Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Time Warner CableNature of Debt (Purpose):  
Utilities - cable

Mailing Address PO Box 9148

City State ZIP Code  
Chelsea MA 02150-9148

Outstanding Balance Beginning This Period

59.43

Transaction ID: LS70730.E5398

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

1) **SUBTOTALS** This Period This Page (optional)..... ▶

59.43

2) **TOTALS** This Period (last page this line number only)..... ▶

12014.30

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

12014.30

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 157 / 164  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Julie A. OBrien

Mailing Address  
 12 Myrtle St

City State Zip Code  
 Augusta ME 04330-4709

Purpose of Disbursement:  
 Payroll - non FEA

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

182118.27

Date M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

Transaction ID: H481017.E6535

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

567.73

1009.31

1577.04

**B. Full Name (Last, First, Middle Initial)**  
 Savings Bank of Maine

Mailing Address  
 P. O. Box 190

City State Zip Code  
 Gardiner ME 04345-

Purpose of Disbursement:  
 wire transfer fees

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

180541.23

Date M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

Transaction ID: H481202.E6550

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.16

3.84

6.00

**C. Full Name (Last, First, Middle Initial)**  
 Albisons Printing

Mailing Address  
 124 Riverside Dr

City State Zip Code  
 Augusta ME 04330-4384

Purpose of Disbursement:  
 office supplies

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

182662.66

Date M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: H481202.E6559

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

81.84

145.49

227.33

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

651.73

1158.64

1810.37

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 158 / 164  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**

Central Maine Power

Mailing Address

83 Edison Drive

City

State

Zip Code

Augusta

ME

04332-1084

Purpose of Disbursement:  
utilitiesCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

182203.79

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: H481202.E6560

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

30.79

54.73

85.52

**B. Full Name (Last, First, Middle Initial)**

CIT Technology Fin Serv, Inc.

Mailing Address

21146 Network Place

City

State

Zip Code

Chicago

IL

60673-1211

Purpose of Disbursement:  
office equipment rentalCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

183189.11

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: H481202.E6561

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

108.49

192.86

301.35

**C. Full Name (Last, First, Middle Initial)**

ILD Telecommunications, Inc.

Mailing Address

5000 Sawgrass Village Cir Suite 30

City

State

Zip Code

Ponte Vedra Beach

FL

32082-5042

Purpose of Disbursement:  
telephoneCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

182435.33

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: H481202.E6563

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.33

23.71

37.04

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

152.61

271.30

423.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 159 / 164  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 One Beacon Insurance

Mailing Address

P. O. Box 4200

City

State

Zip Code

Woburn

MA

01888-4002

Purpose of Disbursement:  
 insurance

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

182398.29

Date 10 / 23 / 2008

Transaction ID: H481202.E6564

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

70.02

124.48

194.50

**B. Full Name (Last, First, Middle Initial)**  
 Securian Dental Plan

Mailing Address

PO Box 1450

City

State

Zip Code

Minneapolis

MN

55485-1450

Purpose of Disbursement:  
 employee benefit

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

182887.76

Date 10 / 23 / 2008

Transaction ID: H481202.E6566

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

81.04

144.06

225.10

**C. Full Name (Last, First, Middle Initial)**  
 Fair Point Communications

Mailing Address

PO Box 1939

City

State

Zip Code

Portland

ME

04104-

Purpose of Disbursement:  
 telephone

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

183575.80

Date 10 / 29 / 2008

Transaction ID: H481202.E6579

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

135.05

240.10

375.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

286.11

508.64

794.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 160 / 164  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Unicel

Mailing Address

P O Box 100

City State Zip Code

Des Moines IA 50940-

Purpose of Disbursement:  
telephoneCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

183200.65

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: H481202.E6584

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.15

7.39

11.54

**B. Full Name (Last, First, Middle Initial)**  
Savings Bank of Maine

Mailing Address

P. O. Box 190

City State Zip Code

Gardiner ME 04345-

Purpose of Disbursement:  
bank service chargesCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

183630.88

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: H481202.E6594

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

19.83

35.25

55.08

**C. Full Name (Last, First, Middle Initial)**  
CIT Technology Fin Serv, Inc.

Mailing Address

21146 Network Place

City State Zip Code

Chicago IL 60673-1211

Purpose of Disbursement:  
office equipment rentalCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

184595.83

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: H481202.E6597

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

149.40

265.60

415.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

173.38

308.24

481.62

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 161 / 164  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Great Works Internet

Mailing Address

8 Pomerleau St

City	State	Zip Code
Biddeford	ME	04005-9403

Purpose of Disbursement:  
 utilities - cable

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

184180.83

Date 

M	M
1	1

 / 

D	D
0	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H481202.E6598

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.98		31.97		49.95

**B. Full Name (Last, First, Middle Initial)**  
 Transco

Mailing Address

P. O. Box 6060

City	State	Zip Code
Nashua	NH	03063-

Purpose of Disbursement:  
 Equipment maintenance

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

184130.88

Date 

M	M
1	1

 / 

D	D
0	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H481202.E6600

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.00		320.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
 Bernstein Shur

Mailing Address

PO Box 9729

City	State	Zip Code
Portland	ME	04104-

Purpose of Disbursement:  
 Vonage litigation

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

193296.83

Date 

M	M
1	1

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H481202.E6603

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3076.92		5470.08		8547.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3274.90		5822.05		9096.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 162 / 164  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Riverside Disposal

 Mailing Address  
PO Box 2335

City	State	Zip Code
Augusta	ME	04338-2335

 Purpose of Disbursement:  
Utilities - trash disposal

Category/Type

 Activity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

184665.83

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: H481202.E6605

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		44.80		70.00

**B. Full Name (Last, First, Middle Initial)**  
Augusta Post Office

 Mailing Address  
40 Western Avenue

City	State	Zip Code
Augusta	ME	04330-

 Purpose of Disbursement:  
postage

Category/Type

 Activity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

184749.83

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: H481202.E6606

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.24		53.76		84.00

**C. Full Name (Last, First, Middle Initial)**  
Central Maine Power

 Mailing Address  
83 Edison Drive

City	State	Zip Code
Augusta	ME	04332-1084

 Purpose of Disbursement:  
Utilities - electric

Category/Type

 Activity or Event Identifier:  
ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

193634.42

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: H481202.E6684

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
121.53		216.06		337.59

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
176.97		314.62		491.59

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 163 / 164  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 ILD Telecommunications, Inc.

Mailing Address

5000 Sawgrass Village Cir Suite 3030

City State Zip Code  
 Ponte Vedra Beach FL 32082-5042

Purpose of Disbursement:  
 Telephone

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

193810.89

Date 11 / 20 / 2008

Transaction ID: H481202.E6685

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

63.53

112.94

176.47

**B. Full Name (Last, First, Middle Initial)**  
 Securian Dental Plan

Mailing Address

PO Box 1450

City State Zip Code  
 Minneapolis MN 55485-1450

Purpose of Disbursement:  
 employee benefits - non FEA

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194035.99

Date 11 / 20 / 2008

Transaction ID: H481202.E6686

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

81.04

144.06

225.10

**C. Full Name (Last, First, Middle Initial)**  
 Time Warner Cable

Mailing Address

PO Box 9148

City State Zip Code  
 Chelsea MA 02150-9148

Purpose of Disbursement:  
 utilities - cable

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 2

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194098.86

Date 11 / 20 / 2008

Transaction ID: H481202.E6687

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.63

40.24

62.87

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

167.20

297.24

464.44

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 164 / 164  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Maine Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Fairpoint Communications

Mailing Address

P. O. Box 1939

City

State

Zip Code

Portland

ME

04104-

Purpose of Disbursement:  
utilities - telephone

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194472.28

Activity or Event Identifier:  
ADMINISTRATION B 2

Date   /   /

Transaction ID: H481202.E6688

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

134.43

238.99

373.42

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

134.43

238.99

373.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

5017.33

8919.72

13937.05